

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087236

Vendor Name: Learning Resources Network

Invoice Number: EM-BEDY100118

Invoice Date:

PO Number:

Check Number: 0241655

Check Amount: \$ 494.00

Check Date: 10/17/2018

Department ID:

Reviewer Name:

Voucher Number: V0534167

Redaction Type: Other

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

College of DuPage
Human Resources

Please refer to the "Concur Professional Development Procedure" in the Forms Library to complete your request/expense.

PHONE EXT. _____

Continuing Education
DEPARTMENT _____

9/27/18
DATE OF REQUEST _____

Professional/Educational Development
Tuition Reimbursement
Check One: Classified ☐ Managerial ☐ FOP ☐ Union 399 ☐

Board policy has established a maximum amount of reimbursement per fiscal year. Each fiscal year begins July 1 and ends June 30 and is dependent upon course completion date.

Eligible after six months' probation.

This form must be completed and signed by the appropriate supervisor and department authorized budget signatory before enrolling in the class, workshop or other activity.

Please attach copy of completed registration form (circle amount requesting).

College/University/Seminar Sponsor
Learning Resources Network, Inc

PO Box 9

River Falls, WI 54022

Address (if requesting a Pre-Payment)

Name of Course/s
Communicating with Internationals

Date class begins/Date class ends
October 1, 2018 / October 26, 2018

Is course job related? ☒ Yes ☐ No

Describe how course is job related:
to better help communicate with international students

Is this a wellness course? ☐ Yes ☒ No
(Maximum amount for FY \$240.00)

Is course part of a degree program? ☐ Yes ☒ No

Are You Requesting: Enter Amount:
(check all that apply)

☐ Reimbursement for conference/seminar/class \$ _____

☐ Required Class Materials \$ _____

☒ †Pre-payment for COD credit & non-credit class/conference/seminar/class (>\$50) \$ 195.00

☐ Travel up to \$600 (classified and managerial only) \$ _____

☐ COD Health Club \$ _____

☐ #Non-COD Health Club/Non-COD Fitness/Wellness classes* including Weight Watchers \$ _____

Needed to Complete Process:

Proof of completion and proof of payment

Proof of payment

Proof of completion

Proof of completion and proof of payment

Proof of payment

*No Pre-Payments #These are taxable to the employee

†When requesting a pre-payment, attach a registration form or invoice to this form. If using Concur, please contact Accounts Payable for payment. If I receive an advance, I understand I must produce evidence of satisfactory completion of the course or seminar within 60 days. Failure to do this will result in the cost of the course or seminar being deducted from my paycheck. YB (Initial here)

REQUIRED ☒ Approved

SUPERVISOR'S SIGNATURE _____ DATE 9/27/18

DEPARTMENT'S AUTHORIZED BUDGET SIGNATURE _____ DATE 9/27/18

COMPENSATION SPECIALIST _____

HUMAN RESOURCES OFFICE USE ONLY

Amount of Payment: \$ 195.00

Account #01-90-00835-52090-17 FY 19

Date request sent to Accounts Payable: _____

Date request approved: 10/1/18

Date expense approved: _____

SEND COMPLETED FORM WITH PROOF OF COMPLETION AND PROOF OF PAYMENT (if applicable) TO HUMAN RESOURCES

#1087236

Advance OK to mail check V 534167

Learning Resources Network, Inc
PO Box 9
River Falls, WI
855-846-8252
info@ugotclass.org




INVOICE

BILL TO



INVOICE # 5794
DATE 10/04/2018
DUE DATE 11/03/2018
TERMS Net 30

PRODUCT	AMOUNT
 College of DuPage Communicating with Internationals, October 1 – 26	195.00

Amount payable in U.S. Dollars.
Thank you for your order!

BALANCE DUE

\$195.00

Please let us know if you have any questions.
Learning Resources Network/UGotClass
855-846-8252
info@ugotclass.org

APPROVED

OCT 05 2018

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087236

Vendor Name: Learning Resources Network Inc

Invoice Number: 5381

Invoice Date: 09/21/18

PO Number:

Check Number: 0241655

Check Amount: \$ 494.00

Check Date: 10/17/2018

Department ID: 62008

Reviewer Name:

Voucher Number: V0529051

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

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EMPLOYEES

AP VERIFIED

Welcome Yvonne!

10/04/18 - BETHANY CRUSE

Voucher

Voucher Number V0529051

Voucher Amount \$299.00

Vendor ID and/or Name 1087236 Learning Resources Network Inc

Voucher Status In Progress (Unfinished) AP Type IM Invoices < \$15,000

Voucher Date 09/25/18 Voucher Maintenance Date 09/25/18 Due Date 09/25/18

Invoice Number 5381 Invoice Date 09/21/18

Check/Transaction Number Paid Date

Created from Document

Item Description	Vendor Item	Quantity	Unit of Issue	Price	Extended Price	GL Distribution	Invoice Number	Tax Codes	Tax Info	Comments
Summer Camps 2019		1.000		149.5000	149.50	05-62-62008-5501001 Youth Camps CE : Conference/Meeting Exp- Local	5381			
Summer Camps 2019		1.000		149.5000	149.50	05-62-62004-5501001 High School CE : Conference/Meeting Exp- Local	5381			

Comments Approval Date Next Approval

OCT 02 2018

OK

[CHANGE PASSWORD](#)[LOG OUT](#)[MAIN MENU](#)[EMPLOYEES MENU](#)[CONTACT US](#)

#1087236

Learning Resources Network, Inc.

INVOICE

P.O. Box 9
River Falls, WI 54022

Invoice #: 5381
Date: 9/21/2018
Due: 10/21/2018
Terms: NET 30
PO #:
Paid Thru Date: 10/31/2019

TO: 10499
College of DuPage
Joseph Cassidy

425 Fawell Blvd.
Glen Ellyn, IL 60137 US
(630) 942-2316

COMMENTS OR SPECIAL INSTRUCTIONS:

QTY	DESCRIPTION	UNIT PRICE	TOTAL
1	Summer Camps 2019 Webinar Series - Summer Camps 2019 Webinar Series Jenna Polly	299.00 USD	299.00 USD
1	Summer Camps 2019 Webinar Series - Summer Camps 2019 Webinar Series - 2 Person Miranda Jiménez	0.00 USD	0.00 USD

\$149.50 05-62-62004-5501001 HS
\$149.50 05-62-62008-5501001 Youth Camp

SUBTOTAL 299.00 USD
TOTAL DUE 299.00 USD
BALANCE DUE: 299.00 USD

APPROVED

Add: Remit to
LERN
PO Box 9
River Falls, WI 54022

F.E.I.N. 48-0908569
Email: info@lern.org
Phone: 800-678-5376
www.lern.org

OCT 02 2018

We Accept Visa, Master Card and American Express, checks and money orders

Card Number: - Exp date:

Cardholders Name: CVV:

Purchase order:

If you wish to make changes to your account, please mark them on the back of this invoice and return with payment or you may email us at info@lern.org or call us at 1-800-678-5376.