

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1240448
Vendor Name: Signature Cleaners of Univ Com
Invoice Number: 436314
Invoice Date: 10/26/18
PO Number: B0359377
Check Number: E0070073
Check Amount: \$ 56.00
Check Date: 10/31/2018
Department ID: 11401
Reviewer Name:
Voucher Number: V0540806
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

V0535038

RECEIVED



College of DuPage

Human Resources

SEP 26 2018

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

EMPLOYEE NAME

COLLEAGUE ID #

PHONE EXT.

Facilities

DEPARTMENT

09/24/2018

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
SkillPath/NST Seminars

P.O. Box 804441

Kansas City, MO 64180-4441

Address (if requesting a Pre-Payment)

Name of Course/s

The Extraordinary Administrative Professional

Date class begins/Date class ends

November 20, 2018 / November 20, 2018

Is course job related? ☒ Yes ☐ No

Describe how course is job related:

Administrative Assistant Seminar

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:

(check all that apply)

☐ Reimbursement for conference/seminar/class \$ _____

☐ Required Class Materials \$ _____

☒ †Pre-payment for COD credit & non-credit class/conference/seminar/class (>\$50) \$ 149.00

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

☐ COD Health Club \$ _____

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

*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. _____ (Initial here)

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

REQUIRED ☒ Approved

SUPERVISOR'S SIGNATURE

DATE

DEPARTMENT'S AUTHORIZED BUDGET SIGNATURE

DATE

COMPENSATION SPECIALIST

HUMAN RESOURCES OFFICE USE ONLY

Amount of Payment: \$ 149.00

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

Date request sent to Accounts Payable: 9/27/18

Date request approved: _____

Date expense approved: _____

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

HR-18-26583(2/18)



6990 Squibb Road • PO Box 2768 • Mission, KS 66201-2768
Tel: 800-873-7545 Fax: 816-431-1122
E-Mail: info@skillpath.com

September 24, 2018

Dear [REDACTED],

Thank you for enrolling in The Extraordinary Admin Professional Seminar. You have our firm promise to make it the most enlightening, positive and rewarding program you ever attended.

Here are your Express Admission Ticket and invoice.

If you want to attend the program with a friend or associate, there is still time. Call toll-free 1-800-258-7246 to enroll them now.

Sincerely, Cameron Bishop
President/CEO

Your Express Admission Ticket

Check-in time: 8:15AM- 8:50AM
Program Hours: 9:00AM- 4:00PM

Program: The Extraordinary Admin Professional Seminar
Invoice: 11906213 Date: 11/20/18 City: Oak Brook
Hotel: Residence Inn by Marriott
790 Jorie Boulevard
Oak Brook IL 60523 Phone: (630) 571-1200



[REDACTED]
College of DuPage
425 Fawell Blvd
Glen Ellyn IL 60137

Please sign and
turn in at seminar.

Signature

If name or address is incorrect, make corrections above

ORIGINAL INVOICE

Federal I.D. # 43-1685651

Invoice Number: 11906213 Invoice Date: 09/24/18

PROGRAM INFORMATION:

Participant: [REDACTED]
Date: 11/20/18 City: Oak Brook
Title: The Extraordinary Admin Professional Seminar

Please forward this invoice and the remittance stub
to your accounts payable department. Thank you.

Program Price: \$149.00
Balance Due: \$149.00

Thank You!



1-800-873-7545

REMITTANCE STUB

You must make payment before
the seminar in order to attend

Balance Due: \$149.00

PAYMENT METHOD

Invoice Number: 11906213

Check #:

(Make Payable to SkillPath/NST Seminars)

If you wish to pay by credit card, call us at 1-800-873-7545.

Please Mail Payment to: SkillPath/NST Seminars
P.O. Box 80441
Kansas City, MO 64180-4441

11/20/18 Oak Brook IL EAST