

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1089039

Vendor Name: UCDA

Invoice Number: EM-STAJ100118

Invoice Date: 10/01/18

PO Number:

Check Number: E0069697

Check Amount: \$ 1,110.00

Check Date: 10/10/2018

Department ID: 00835

Reviewer Name:

Voucher Number: V0533827

Redaction Type: Other

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

Document Below

AP VERIFIED
Human Resources
10/10/18 - ROBERT MAREK

VN1089039

Professional Dues Reimbursement
(Classified • Managerial • FOP • Union 399)

V0533827

Eligible after 6 months probation

Employee name: _____ Date: 9/25/18

Department: Marketing and Communications Colleague ID#: _____

Payment to: ☐ Me (receipt attached) ☒ Organization (return check to me)

☒ Classified/Managerial — \$500 max per year ☐ Union 399 — \$150 max per year ☐ FOP — \$200 max per year

I request reimbursement of \$ 185.00 for membership dues in:

Name of organization: University & College Designers Associations (UCDA) (615) 459-4559

Address: (needed only if check is issued to organization. Also, please submit a copy of the completed dues application form.)

199 West Enon Springs Road, Suite 400

Smyrna, TN 37167

Purpose of organization: UCDA works to elevate the importance of design overall

APPROVED ☒ (considered a business expense helpful in the performance of the employee's duties)

DENIED ☐

Signature of Dean or Administrator:  Date: 9/25/18

Obtain signature of Dean or Administrator — Mail to Human Resources

OFFICE USE ONLY:

Reimbursement amount \$ 185.00 Account #01-90-00835-52090-19 Fiscal year: 19

H/R approval:  Date sent to Accounts Payable: 10/1/18

Date request approved: _____ Date expense approved: _____

Subject: It's time to renew your UCDA membership!

Date: Saturday, September 1, 2018 at 8:30:26 PM Central Daylight Time

From: Membership Committee

[REDACTED]
Dear [REDACTED]

Thank you for being a part of UCDA!

This is a reminder that your membership expires in 60 days. Now is the time to renew to ensure uninterrupted service. Please renew your UCDA membership to ensure continued service of your membership benefits.

Membership Information:

Name: [REDACTED]

Institution/Company: College of DuPage

Membership Type: Professional

Renewing is easy!

Please visit the link below to renew your membership!

<https://www.ucda.com/memberships/2453/>

You can also call the UCDA Home Office at 615-459-4559 to renew (by check, purchase order or credit card).

Current membership rates are:

- ___ Professional (\$205*)
- ___ Associate (\$205*)
- ___ Faculty (\$160)
- ___ Corporate (\$260)
- ___ Student (\$50)
- ___ Retired (\$50)
- ___ Subscriber (\$50)

* *Institutional Discount.*

When registering three or more Professional and/or Associate members, pay only \$185 each. Use the discount code 3PLUS.

--

University & College Designers Association (UCDA)
and the UCDA Foundation
199 West Enon Springs Road, Suite 400
Smyrna, TN 37167

From: marekr@cod.edu
Sent: Wed Oct 10 08:25:29 CDT 2018
To: invoicing@cod.edu
CC:
Subject: FW: Scanned from a Xerox Multifunction Device

Bobby Marek Accounts Payable Team Leader Cash Disbursements/Payroll Department College of DuPage
425 Fawell Blvd l SRC 2132 l Glen Ellyn, IL 60137-6599 phone 630-942-2229 l marekr@cod.edu
-----Original Message----- From: marekr@cod.edu Sent: Wednesday, October 10, 2018 8:21 AM To: Marek, Robert Subject: Scanned from a Xerox Multifunction Device Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Device. Attachment File Type: pdf, Multi-Page
Multifunction Printer Location: SRC-3 Device Name: Printer-266

[attachment: Scanned from a Xerox Multifunction Printer.pdf]

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1089039

Vendor Name: UCDA

Invoice Number: EM-ANTV100118

Invoice Date: 10/01/18

PO Number:

Check Number: E0069697

Check Amount: \$ 1,110.00

Check Date: 10/10/2018

Department ID: 00835

Reviewer Name:

Voucher Number: V0533828

Redaction Type: Other

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

Document Below

VN1089039

V0533828

Professional Dues Reimbursement

(Classified • Managerial • FOP • Union 399)

Eligible after 6 months probation

Employee name: _____ Date: 9/25/18

Department: Marketing and Communications Colleague ID#: _____

Payment to: ☐ Me (receipt attached) ☒ Organization (return check to me)

☒ Classified/Managerial — \$500 max per year ☐ Union 399 — \$150 max per year ☐ FOP — \$200 max per year

I request reimbursement of \$ 185.00 for membership dues in:

Name of organization: University & College Designers Associations (UCDA) (615) 4559

Address: (needed only if check is issued to organization. Also, please submit a copy of the completed dues application form.)


199 West Enon Springs Road, Suite 400

Smyrna, TN 37167

Purpose of organization: UCDA works to elevate the importance of design overall

APPROVED ☒ (considered a business expense helpful in the performance of the employee's duties)

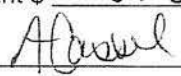
DENIED ☐

Signature of Dean or Administrator:  Date: 9/25/18

Obtain signature of Dean or Administrator — Mail to Human Resources

OFFICE USE ONLY:

Reimbursement amount \$ 185.00 Account #01-90-00835-52090-19 Fiscal year: 19

H/R approval:  Date sent to Accounts Payable: 10/1/18

Date request approved: _____ Date expense approved: _____

Subject: It's time to renew your UCDA membership!

Date: Saturday, September 1, 2018 at 8:30:27 PM Central Daylight Time

From: Membership Committee

To: [REDACTED]

Dear [REDACTED]

Thank you for being a part of UCDA!

This is a reminder that your membership expires in 60 days. Now is the time to renew to ensure uninterrupted service. Please renew your UCDA membership to ensure continued service of your membership benefits.

Membership Information:

Name: [REDACTED]

Institution/Company: College of DuPage

Membership Type: Professional

Renewing is easy!

Please visit the link below to renew your membership!

<https://www.ucda.com/memberships/2455/>

You can also call the UCDA Home Office at 615-459-4559 to renew (by check, purchase order or credit card).

Current membership rates are:

- ☐ Professional (\$205*)
- ☐ Associate (\$205*)
- ☐ Faculty (\$160)
- ☐ Corporate (\$260)
- ☐ Student (\$50)
- ☐ Retired (\$50)
- ☐ Subscriber (\$50)

** Institutional Discount.*

When registering three or more Professional and/or Associate members, pay only \$185 each.

Use the discount code 3PLUS.

From: marekr@cod.edu
Sent: Wed Oct 10 08:26:06 CDT 2018
To: invoicing@cod.edu
CC:
Subject: FW: Scanned from a Xerox Multifunction Device

Bobby Marek Accounts Payable Team Leader Cash Disbursements/Payroll Department College of DuPage
425 Fawell Blvd l SRC 2132 l Glen Ellyn, IL 60137-6599 phone 630-942-2229 l marekr@cod.edu
-----Original Message----- From: marekr@cod.edu Sent: Wednesday, October 10, 2018 8:21 AM To: Marek, Robert Subject: Scanned from a Xerox Multifunction Device Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Device. Attachment File Type: pdf, Multi-Page
Multifunction Printer Location: SRC-3 Device Name: Printer-266

[attachment: Scanned from a Xerox Multifunction Printer.pdf]

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1089039

Vendor Name: UCDA

Invoice Number: EM-BRAM100118

Invoice Date: 10/01/18

PO Number:

Check Number: E0069697

Check Amount: \$ 1,110.00

Check Date: 10/10/2018

Department ID: 00835

Reviewer Name:

Voucher Number: V0533829

Redaction Type: Other

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

Document Below

VN1089039

Professional Dues Reimbursement

(Classified • Managerial • FOP • Union 399)

Eligible after 6 months probation

V0533829

Employee name: [REDACTED] Date: 9/25/18

Department: Marketing and Communications Colleague ID#: [REDACTED]

Payment to: ☐ Me (receipt attached) ☒ Organization (return check to me)

☒ Classified/Managerial — \$500 max per year ☐ Union 399 — \$150 max per year ☐ FOP — \$200 max per year

I request reimbursement of \$ 185.00 for membership dues in:

Name of organization: University & College Designers Associations (UCDA) (615) 459-4559

Address: *(needed only if check is issued to organization. Also, please submit a copy of the completed dues application form.)*


199 West Enon Springs Road, Suite 400

Smyrna, TN 37167

Purpose of organization: UCDA works to elevate the importance of design overall

APPROVED ☒ (considered a business expense helpful in the performance of the employee's duties)

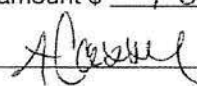
DENIED ☐

Signature of Dean or Administrator:  Date: 9/25/18

Obtain signature of Dean or Administrator — Mail to Human Resources

OFFICE USE ONLY:

Reimbursement amount \$ 185.00 Account #01-90-00835-52090-19 Fiscal year: 19

H/R approval:  Date sent to Accounts Payable: 10/1/18

Date request approved: _____ Date expense approved: _____

Subject: It's time to renew your UCDA membership!

Date: Sunday, September 16, 2018 at 8:30:30 PM Central Daylight Time

From: UCDA

Dear [REDACTED]

Thank you for being a part of UCDA!

This is a reminder that your membership expires in 45 days. Now is the time to renew to ensure uninterrupted service. Please renew your UCDA membership to ensure continued service of your membership benefits.

Membership Information:

Name: [REDACTED]

Institution/Company: College of DuPage

Membership Type: Professional

Renewing is easy!

Please visit the link below to renew your membership!

<https://www.ucda.com/memberships/2450/>

You can also call me at the UCDA Home Office at 615-459-4559 to renew (by check, purchase order or credit card).

Current membership rates are:

- Professional (\$205*)
- Associate (\$205*)
- Faculty (\$160)
- Corporate (\$260)
- Student (\$50)
- Retired (\$50)
- Subscriber (\$50)

** Institutional Discount.*

When registering three or more Professional and/or Associate members, pay only \$185 each. Use the discount code 3PLUS.

Best,

Chris

Christopher Klonowski
Assistant Director

University & College Designers Association (UCDA)
and the UCDA Foundation
199 West Enon Springs Road, Suite 400
Smyrna, TN 37167

615-459-4559
615-459-5229 fax

inspiring design

From: marekr@cod.edu
Sent: Wed Oct 10 08:25:42 CDT 2018
To: invoicing@cod.edu
CC:
Subject: FW: Scanned from a Xerox Multifunction Device

Bobby Marek Accounts Payable Team Leader Cash Disbursements/Payroll Department College of DuPage
425 Fawell Blvd l SRC 2132 l Glen Ellyn, IL 60137-6599 phone 630-942-2229 l marekr@cod.edu
-----Original Message----- From: marekr@cod.edu Sent: Wednesday, October 10, 2018 8:21 AM To: Marek, Robert Subject: Scanned from a Xerox Multifunction Device Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Device. Attachment File Type: pdf, Multi-Page
Multifunction Printer Location: SRC-3 Device Name: Printer-266

[attachment: Scanned from a Xerox Multifunction Printer.pdf]

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1089039

Vendor Name: UCDA

Invoice Number: EM-DEML100118

Invoice Date: 10/01/18

PO Number:

Check Number: E0069697

Check Amount: \$ 1,110.00

Check Date: 10/10/2018

Department ID: 00835

Reviewer Name:

Voucher Number: V0533831

Redaction Type: Other

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

Document Below

VN1089039

V0533831

Professional Dues Reimbursement
(Classified • Managerial • FOP • Union 399)

Eligible after 6 months probation

Employee name: _____ Date: 9/25/18

Department: Marketing and Communications Colleague ID#: _____

Payment to: ☐ Me (receipt attached) ☒ Organization (return check to me)

☒ Classified/Managerial — \$500 max per year ☐ Union 399 — \$150 max per year ☐ FOP — \$200 max per year

I request reimbursement of \$ 185.00 for membership dues in:

Name of organization: University & College Designers Associations (UCDA) (615) 459-4559

Address: (needed only if check is issued to organization. Also, please submit a copy of the completed dues application form.)

199 West Enon Springs Road, Suite 400

Smyrna, TN 37167

Purpose of organization: UCDA works to elevate the importance of design overall

APPROVED ☒ (considered a business expense helpful in the performance of the employee's duties)

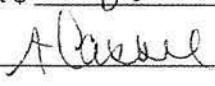
DENIED ☐

Signature of Dean or Administrator:  Date: 9/25/18

Obtain signature of Dean or Administrator — Mail to Human Resources

OFFICE USE ONLY:

Reimbursement amount \$ 185.00 Account #01-90-00835-52090-19 Fiscal year: 19

H/R approval:  Date sent to Accounts Payable: 10/1/18

Date request approved: _____ Date expense approved: _____

Metcalf, Marsha

From: [REDACTED]
Sent: Friday, September 21, 2018 9:13 AM
To: Metcalf, Marsha
Subject: FW: It's time to renew your UCDA membership!

Marsha, here is my UCDA info (below). Let me know if there's anything I need to do.

Thanks,

Submit web requests to: http://www.ucda.com/marketing/web_supportrequest.aspx.

From: Membership Committee <no-reply@ucda.com>
Reply-To: "info@ucda.com" <info@ucda.com>
Date: Saturday, September 1, 2018 at 8:30 PM
[REDACTED]
Subject: It's time to renew your UCDA membership!

Dear [REDACTED],

Thank you for being a part of UCDA!

This is a reminder that your membership expires in 60 days. Now is the time to renew to ensure uninterrupted service. Please renew your UCDA membership to ensure continued service of your membership benefits.

Membership Information:

Name: [REDACTED]
Institution/Company: College of DuPage
Membership Type: Professional

Renewing is easy!

Please visit the link below to renew your membership!

<https://www.ucda.com/memberships/2452/>

You can also call the UCDA Home Office at 615-459-4559 to renew (by check, purchase order or credit card).

Current membership rates are:

- ___ Professional (\$205*)
- ___ Associate (\$205*)

From: marekr@cod.edu
Sent: Wed Oct 10 08:25:50 CDT 2018
To: invoicing@cod.edu
CC:
Subject: FW: Scanned from a Xerox Multifunction Device

Bobby Marek Accounts Payable Team Leader Cash Disbursements/Payroll Department College of DuPage
425 Fawell Blvd l SRC 2132 l Glen Ellyn, IL 60137-6599 phone 630-942-2229 l marekr@cod.edu
-----Original Message----- From: marekr@cod.edu Sent: Wednesday, October 10, 2018 8:22 AM To: Marek, Robert Subject: Scanned from a Xerox Multifunction Device Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Device. Attachment File Type: pdf, Multi-Page
Multifunction Printer Location: SRC-3 Device Name: Printer-266

[attachment: Scanned from a Xerox Multifunction Printer.pdf]

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1089039

Vendor Name: UCDA

Invoice Number: EM-HANK100118

Invoice Date: 10/01/18

PO Number:

Check Number: E0069697

Check Amount: \$ 1,110.00

Check Date: 10/10/2018

Department ID: 00835

Reviewer Name:

Voucher Number: V0533834

Redaction Type: Other

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

Document Below

VN1089039

V0533834

Professional Dues Reimbursement

(Classified • Managerial • FOP • Union 399)

Eligible after 6 months probation

Employee name: [REDACTED] Date: 9/25/18

Department: Marketing and Communications Colleague ID#: [REDACTED]

Payment to: ☐ Me (receipt attached) ☒ Organization (return check to me)

☒ Classified/Managerial — \$500 max per year ☐ Union 399 — \$150 max per year ☐ FOP — \$200 max per year

I request reimbursement of \$ 185.00 for membership dues in:

Name of organization: University & College Designers Associations (UCDA) (615) 459-4559

Address: *(needed only if check is issued to organization. Also, please submit a copy of the completed dues application form.)*


199 West Enon Springs Road, Suite 400

Smyrna, TN 37167

Purpose of organization: UCDA works to elevate the importance of design overall

APPROVED ☒ (considered a business expense helpful in the performance of the employee's duties)

DENIED ☐

Signature of Dean or Administrator:  Date: 9/25/18

Obtain signature of Dean or Administrator — Mail to Human Resources

OFFICE USE ONLY:

Reimbursement amount \$ 185.00 Account #01-90-00835-52090-19 Fiscal year: 18

H/R approval:  Date sent to Accounts Payable: 10/1/18

Date request approved: _____ Date expense approved: _____

Subject: It's time to renew your UCDA membership!

Date: Sunday, September 16, 2018 at 8:30:31 PM Central Daylight Time

From: UCDA

To: [REDACTED]

Dear [REDACTED]

Thank you for being a part of UCDA!

This is a reminder that your membership expires in 45 days. Now is the time to renew to ensure uninterrupted service. Please renew your UCDA membership to ensure continued service of your membership benefits.

Membership Information:

Name: [REDACTED]

Institution/Company: College of DuPage

Membership Type: Professional

Renewing is easy!

Please visit the link below to renew your membership!

<https://www.ucda.com/memberships/2422/>

You can also call me at the UCDA Home Office at 615-459-4559 to renew (by check, purchase order or credit card).

Current membership rates are:

- Professional (\$205*)
- Associate (\$205*)
- Faculty (\$160)
- Corporate (\$260)
- Student (\$50)
- Retired (\$50)
- Subscriber (\$50)

** Institutional Discount.*

When registering three or more Professional and/or Associate members, pay only \$185 each.

Use the discount code 3PLUS.

Best,

Chris

Christopher Klonowski
Assistant Director

University & College Designers Association (UCDA)
and the UCDA Foundation
199 West Union Springs Road, Suite 400
Smyrna, TN 37167

615-459-4559

615-459-5229 fax

www.ucda.org

This e-mail was generated by Tendenci® - The Open Source AMS www.tendenci.com

This Association is Powered by Tendenci - The Open Source AMS

From: marekr@cod.edu
Sent: Wed Oct 10 08:25:57 CDT 2018
To: invoicing@cod.edu
CC:
Subject: FW: Scanned from a Xerox Multifunction Device

Bobby Marek Accounts Payable Team Leader Cash Disbursements/Payroll Department College of DuPage
425 Fawell Blvd l SRC 2132 l Glen Ellyn, IL 60137-6599 phone 630-942-2229 l marekr@cod.edu
-----Original Message----- From: marekr@cod.edu Sent: Wednesday, October 10, 2018 8:22 AM To: Marek, Robert Subject: Scanned from a Xerox Multifunction Device Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Device. Attachment File Type: pdf, Multi-Page
Multifunction Printer Location: SRC-3 Device Name: Printer-266

[attachment: Scanned from a Xerox Multifunction Printer.pdf]

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1089039

Vendor Name: UCDA

Invoice Number: EM-HUGJ100118

Invoice Date: 10/01/18

PO Number:

Check Number: E0069697

Check Amount: \$ 1,110.00

Check Date: 10/10/2018

Department ID: 00835

Reviewer Name:

Voucher Number: V0533837

Redaction Type: Other

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

Document Below

VN1089039 Professional Dues Reimbursement
V0533837 (Classified • Managerial • FOP • Union 399)
Eligible after 6 months probation

Employee name: [REDACTED] Date: 9/25/18
Department: Marketing and Communications Colleague ID#: [REDACTED]

Payment to: ☐ Me (receipt attached) ☒ Organization (return check to me)

☒ Classified/Managerial — \$500 max per year ☐ Union 399 — \$150 max per year ☐ FOP — \$200 max per year

I request reimbursement of \$ 185.00 for membership dues in:

Name of organization: University & College Designers Associations (UCDA) (615) 459-4559

Address: *(needed only if check is issued to organization. Also, please submit a copy of the completed dues application form.)*

199 West Enon Springs Road, Suite 400

Smyrna, TN 37167

Purpose of organization: UCDA works to elevate the importance of design overall

APPROVED ☒ (considered a business expense helpful in the performance of the employee's duties)

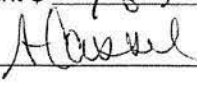
DENIED ☐

Signature of Dean or Administrator:  Date: 9/25/18

Obtain signature of Dean or Administrator — Mail to Human Resources

OFFICE USE ONLY:

Reimbursement amount \$ 145.00 Account #01-90-00835-52090-19 Fiscal year: 19

H/R approval:  Date sent to Accounts Payable: 10/1/18

Date request approved: _____ Date expense approved: _____

Subject: It's time to renew your UCDA membership!

Date: Sunday, September 16, 2018 at 8:30:30 PM Central Daylight Time

From: UCDA

To: [REDACTED]

Dear [REDACTED]

Thank you for being a part of UCDA!

This is a reminder that your membership expires in 45 days. Now is the time to renew to ensure uninterrupted service. Please renew your UCDA membership to ensure continued service of your membership benefits.

Membership Information:

Name: [REDACTED]

Institution/Company: College of DuPage

Membership Type: Professional

Renewing is easy!

Please visit the link below to renew your membership!

<https://www.ucda.com/memberships/2454/>

You can also call me at the UCDA Home Office at 615-459-4559 to renew (by check, purchase order or credit card).

Current membership rates are:

- ☐ Professional (\$205*)
- ☐ Associate (\$205*)
- ☐ Faculty (\$160)
- ☐ Corporate (\$260)
- ☐ Student (\$50)
- ☐ Retired (\$50)
- ☐ Subscriber (\$50)

** Institutional Discount.*

When registering three or more Professional and/or Associate members, pay only \$185 each.

Use the discount code 3PLUS.

Best,

Chris

From: marekr@cod.edu
Sent: Wed Oct 10 08:26:03 CDT 2018
To: invoicing@cod.edu
CC:
Subject: FW: Scanned from a Xerox Multifunction Device

Bobby Marek Accounts Payable Team Leader Cash Disbursements/Payroll Department College of DuPage
425 Fawell Blvd l SRC 2132 l Glen Ellyn, IL 60137-6599 phone 630-942-2229 l marekr@cod.edu
-----Original Message----- From: marekr@cod.edu Sent: Wednesday, October 10, 2018 8:22 AM To: Marek, Robert Subject: Scanned from a Xerox Multifunction Device Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Device. Attachment File Type: pdf, Multi-Page
Multifunction Printer Location: SRC-3 Device Name: Printer-266

[attachment: Scanned from a Xerox Multifunction Printer.pdf]