

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1393503

Vendor Name: Illinois Tactical Officers

Invoice Number: EM-PRIJ102418

Invoice Date:

PO Number:

Check Number: 0244548

Check Amount: \$ 325.00

Check Date: 11/14/2018

Department ID:

Reviewer Name:

Voucher Number: V0540554

Redaction Type: Other

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

Document Below

RECEIVED

AP - Please return check to [redacted]
within 10 days

College of DuPage

Human Resources

OCT 22 2018

Professional/Educational Development Tuition Reimbursement

Check One: Classified ☐ Managerial ☐ FOP ☒ Union 399 ☐

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

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.

Police
DEPARTMENT

10/11/2018
DATE OF REQUEST

PHONE EXT.

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

College/University/Seminar Sponsor

Illinois Tactical Officers Association

14007 South Bell Rd. 226

Homer Glen, IL 60491

Address (if requesting a Pre-Payment)

Name of Course/s

ITOA Annual Training Conference

Date class begins/Date class ends

11/18/2018 / 11/20/2018

Is course job related? ☒ Yes ☐ No

Describe how course is job related:

Enhance skills responding to active threats

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 one)

Enter Amount:

Needed to Complete Process:

☐ Reimbursement for conference/seminar/class \$

Proof of completion and proof of payment

☐ Required Class Materials \$

Proof of payment

☒ †Pre-payment for COD credit & non-credit class/conference/seminar/class (>\$50) \$ 325.00

Proof of completion

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

Proof of completion and proof of payment

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

Proof of completion and proof of payment, if applicable

*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)

REQUIRED ☐ Approved

SUPERVISOR'S SIGNATURE

DATE

DEPARTMENT'S AUTHORIZED BUDGET SIGNATURE

DATE

COMPENSATION SPECIALIST

HUMAN RESOURCES OFFICE USE ONLY

Amount of Payment: \$ 325.00

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

Date request sent to Accounts Payable: 10/24/18

Date request approved:

Date expense approved:

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

HR-16-23274(11/16)

This receipt is your Confirmation.

DoubleTree Inn - Oak Brook

1909 Spring Rd, Oak Brook, IL, 60523

For hotel reservations, call Double Tree direct at 866-812-3959. To receive the convention rate of \$99.00 plus tax for either single or double accommodations, mention Illinois Tactical Officers Association to get the special rate. You can also book a room using this link:

http://doubletree.hilton.com/en/dt/groups/personalized/C/CHIOADT-OFF-20181115/index.jhtml?WT.mc_id=POG



Registration starts at 11:00 a.m.

Order Summary

Item Description	Quantity	Amount
Department Purchase Order - Complete by Using the Pay By Check Option.	1	\$325.00
No Guest	1	\$0.00
Order Total		\$325.00

Reference #

11775393

Status	Confirmed
Order Total	\$325.00
Payment Status	Pay by Check 325.00
First Name	
M.I.	
Last Name	
Rank/Title	
Agency Name	College of DuPage Police Department
Agency Address	425 Fawell Blvd
City	Glen Ellyn
State	Illinois
Zip Code	60137
Contact Phone	
Email Address	
Paying by:	Department Purchase Order - Complete by Using the Pay By Check Option.
Department Purchase Order Number	Check
Name and Email Address of the Person Responsible for Payment	Same As Above
Are You Attending the Monday Night Banquet Dinner? (Included in registration cost)	Yes
Are You Bringing a Guest to the Banquet Dinner? Select from the drop down menu - (\$55.00 each)	No Guest