

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 0181937

Vendor Name: Ms Rory Norton

Invoice Number: 102418

Invoice Date: 10/24/18

PO Number:

Check Number: 0244617

Check Amount: \$ 16.49

Check Date: 11/14/2018

Department ID: 0000

Reviewer Name:

Voucher Number: V0540446

Redaction Type: Other

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

Document Below

NOV 08 2018
Professional Development Request Full-Time Faculty

This form must be signed and approved **before** enrolling in courses, workshops, seminars or submitting requests for professional dues or periodical subscriptions. **Requests submitted without prior approval are not eligible for reimbursement or course credit.**

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

Employee Name: Sharon Roschay Colleague ID#: 0051190
Department: Health Science, PTA Extension: 3337 Date: 10/15/18

PROFESSIONAL DEVELOPMENT REIMBURSEMENT REQUEST: ☒ REIMBURSEMENT ☐ PRE-PAYMENT†

☐ Workshop/Conference ☒ Dues/Subscriptions
☐ Books ☐ Travel*

Title/Sponsor: _____

Date of Event: _____

Tuition, Registration, Dues, Subscription Fee: \$ _____

Travel: \$ _____ Books: \$ _____

Course Number: _____ Date: _____

College or University: _____

Course Name: _____

Number of Credits: _____

semester hours quarter hours

Tuition, Registration, Fee: \$ 330 -

Provide rationale that includes how this will improve your ability to work with students and/or teach your courses:
(attach additional page if necessary)

Professional Organization - Remain current in the
Field of Physical Therapy both practice and academic
Accrediting body is part of the PTA.

☒ Approved ☐ Not Approved Marianne Hummel Date: 10/19/18
Dean/Associate Dean

*Up to \$600.00 per year (of the \$1,850.00) may be used for pre-approved travel related expenses in accordance with College Travel Policies.

†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)

COURSE CREDIT FOR RANGE CHANGE REQUEST:

Course Number: _____ Dates: _____ College or University: _____

Course Name: _____ Number of Credits Earned: _____
semester hours quarter hours

Provide rationale that includes how this will improve your ability to work with students and/or teach your courses:
(attach additional page if necessary)

☐ Approved ☐ Not Approved _____ Date: _____
Dean Vice President

Return this signed form along with attachments showing proof of payment and proof of satisfactory completion, if applicable, to Human Resources.

HR USE ONLY

HR has recorded _____ semester hours

The cumulative hours recorded are: _____

HR Approval: _____ Date: _____

Account #01-90-00835-52090-14: Faculty Tuition

Account #01-90-00835-52090-18: Faculty Dues

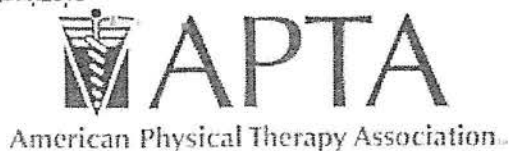
Amount of reimbursement: \$ 330.00

Date request sent to Accounts Payable: 11/14/18

Date request approved: _____

Date expense approved: _____

HR Approval: [Signature]



Hello Sharon (Not Sharon) | APTA ID: 32557 | Years Member: 24

APTA Membership - Thank You

☒ Include My Contact Information in the APTA Membership Directory

☐ Send me an APTA Membership Certificate

Thank you for making APTA your professional home. Your membership and participation have helped the APTA community thrive, and we look forward to your continued involvement.

Take full advantage of your **APTA membership** and all its exclusive benefits! Visit [APTA.org/Benefits](https://www.apta.org/Benefits) to review the many resources that now are at your fingertips.

If you haven't already created a username and password online, you can use the following login to access members-only content at [APTA.org](https://www.apta.org), receive member discounts on products and services, and more.

APTA Member Number: 32557
Password*: roschay ([Learn More](#))

**Logins and passwords are case-sensitive. If your last name has fewer than 6 characters, your password is your first and last name combined, lowercase without spaces (example: jeanbell).*

[Print Your Temporary Membership Card \(login required\)](#)

Consider this communication your payment receipt. Should you have any questions, a helpful member service representative is just a phone call away. Call 800/999-2782, or e-mail memberservices@apta.org

Thank you again for your support. You're an integral member of the APTA community!

Agatha D. Johnson, MA
Vice President, Member Engagement
American Physical Therapy Association (APTA)
1111 N Fairfax St; Alexandria, VA 22314-1488
 800/999-2782

Purchase | Confirmation

Purchase Information

Date of Purchase: Oct 15 2018 9:25PM

Sharon R. Roschay, PTA

Web Transaction Number: 1505035

Payment Method: Credit Card

- Over -

Payment Detail

Price

NATIONAL

Dues

National Dues

\$190.00

CHAPT/IL

Dues

Illinois Chapter

\$105.00

C

Dues

Education

\$35.00

Total \$330.00

OK Print

From: marekr@cod.edu
Sent: Thu Nov 15 08:42:04 CST 2018
To: invoicing@cod.edu
CC:
Subject: FW: Scanned from a Xerox Multifunction Device

Bobby Marek Accounts Payable Analyst Cash Disbursements/Payroll Department College of DuPage 425
Fawell Blvd 1 SRC 2132 1 Glen Ellyn, IL 60137-6599 phone 630-942-2229 1 marekr@cod.edu -----Original
Message----- From: marekr@cod.edu Sent: Thursday, November 15, 2018 8:39 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]