

Information:

Drawer: Finance

Number: **** FERPA Redaction ****

Name: **** FERPA Redaction ****

Invoice Number: C088677

Invoice Date:

PO Number:

Check Number: 0244569

Check Amount: \$ 500.00

Check Date: 11/14/2018

Voucher Number: V0540964

AP Type: IM Invoices < \$15,000

Redaction Type: FERPA

Document Type: Independent Contractor Agreement

Document Below

Note: Parts of the image below may have been redacted

**Professional Development & Renewal Fund Request
Full Time Faculty and Administrators**

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: Chris Thielman Colleague ID#: 0050349
 Department: Culinary Extension: 2720 Date: 11/05/2018

PLEASE SELECT ONE: REIMBURSEMENT REQUEST – OR – CREDIT REQUEST

☒ **REIMBURSEMENT REQUEST** or ☐ **PRE-PAYMENT REQUEST†**
☐ Course/ Workshop/Conference ☒ Dues/Subscriptions ☐ Work Related Books ☐ Travel*
 Administrators Only: ☐ COD Health Club ☐ COD non-credit classes including wellness/fitness classes
☐ **Non-COD Health Club ☐ **Non-COD Fitness/Wellness Classes

**These are taxable to the employee

Title/Sponsor: Amerciab Culinary Federation

Date of Event: _____ Tuition, Registration, Dues, Subscription Fee: \$ 230.00

Is this job related: ☒ Yes ☐ No Travel: \$ _____

☒ Approved ☐ Not Approved:  Date: 11.8.18
Dean/Associate Dean or VP

*Effective August 2012, up to \$600.00 per year (of the \$1850.00) 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)

☐ **CREDIT REQUEST**
 College or University: _____ Term: _____
 Course Name and Number: _____ Dates: _____
 Number of Credits Earned: _____
Semester Hours Quarter Hours Clock Hours CEU
 Is this course job related? ☐ Yes ☐ No
☐ Approved ☐ Not Approved: _____ Date: _____
Dean/Associate Dean or VP

**Return this signed form along with attachments showing proof of payment
and/or proof of satisfactory completion to Human Resources.**

HR USE ONLY

HR has recorded _____ semester hours Amount of reimbursement: \$ 230.00

The cumulative hours recorded are: _____ Date request sent to Accounts Payable: 11/8/18

HR Approval: _____ Date request approved: _____

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

Account #01-90-00835-52090-15: Administrator Tuition

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

Account #01-90-00835-52090-20: Administrator Dues

Date expense approved: _____

HR Approval: 

Thielman, Christopher C.

From: Chris Thielman <chefcct@aol.com>
Sent: Friday, November 02, 2018 2:58 PM
To: Thielman, Christopher C.
Subject: Fwd: Order Confirmation

-----Original Message-----

From: acf <acf@acfchefs.net>
To: chefccct <chefccct@aol.com>
Sent: Fri, Nov 2, 2018 2:56 pm
Subject: Order Confirmation

Thank you.
Christopher C. Thielman, CEC, CCE

ID:015220

Order Date 11/2/2018
Order Total 230.00
Payment Type VISA *****5247

Dues

Order number 486763

Dues	Paid Thru	Price
IL101 - ACF Chefs Chicago	12/31/2019	50.00
Dues for Professional Culinarian ACF Members	12/31/2019	180.00
	Total	230.00

From: marekr@cod.edu
Sent: Thu Nov 15 08:41:44 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 8:38 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]