

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

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: Terry Vitacco Colleague ID#: 36993  
Department: Photography Extension: 2329 Date: 11-7-18

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

☐ Workshop/Conference ☒ Dues/Subscriptions

☐ Books

☐ Travel\*

Title/Sponsor: American Society of Media Photographers Assn.

Date of Event: Before Nov 30, 2018

Tuition, Registration, (Dues) Subscription Fee: \$ 200.00

Travel: \$ \_\_\_\_\_ Books: \$ \_\_\_\_\_

Course Number: \_\_\_\_\_ Date: \_\_\_\_\_

College or University: \_\_\_\_\_

Course Name: \_\_\_\_\_

Number of Credits: \_\_\_\_\_ semester hours \_\_\_\_\_ quarter hours

Tuition, Registration, Fee: \$ \_\_\_\_\_

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

☒ Approved ☐ Not Approved

[Signature]  
Dean/Associate Dean

Date: 11/6/18

\*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

Dean

Vice President

Date: \_\_\_\_\_

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: \$ 200.00

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

Date request approved: \_\_\_\_\_

Date expense approved: \_\_\_\_\_

HR Approval: [Signature]

## ASMP Order Confirmation



ASMP <ASMP@vpassociations.com>

Yesterday, 6:54 PM

Vitacco, Terry 

↩ Reply | ✓

## Inbox

For the full text of this report, or to request a copy, or to learn more about the research, please visit the project website at <http://www.oxfordjournals.org/doi/10.1093/oxfordjournals/oxfam.a011000> or click here.

If you're still not convinced, [click here](#).

© 2004 Blackwell Publishing Ltd, *Journal of Internal Medicine* 255: 115–123

Label: **Label: Description:** 1 year/1 year, expires: 11/15/2014 5:54 PM



## Report Suspicious Mail

Dear Terry,

Thank you for supporting the American Society of Media Photographers. This is your order confirmation receipt. Please print or retain for your records.

For questions please contact Member Services 8AM to 5PM (EST), Monday-Friday, at 877-771-ASMP(2767) or [ASMP@VPassociations.com](mailto:ASMP@VPassociations.com). We are continuously working to improve your experience.

Thank you,  
Thomas R. Kennedy  
Executive Director

### Order Detail:

Customer ID: 12411426

**Order Number:**

Qty.	Product Description	Price Ea.	Total Price
	<u>Associate Member</u>		
1		\$225.00	\$225.00
	<i>Terry Vitacco, 621 70th St, Darien, IL, 60561-4053, US</i>		
	<b>Subtotal</b>		\$225.00

**Discounts**

(\$-25.00)

**Total**

**+\$200.00**

**Payment Information:**

Card #

XXXX-XXXX-XXXX-9294

Exp. Date

August, 2020

**Billing Address:**

*Terry Vitacco*

*621 70th St*

*Darien, IL*

*60561-4053, US*



American Society of  
Media Photographers

Dear Terry,

We are committed to creating great programs for our members and are planning ahead for 2019. Next year we will be celebrating our 75th Anniversary as a trade association that educates, advocates, and provides community for image makers in 2019. We have great things planned, and your early commitment to 2019 membership will help us complete our budgeting and planning for several educational and celebratory events.

Equally as important, we are asking you to show your support for the broader ASMP Community by committing early. We want to know you will be there in 2019 to help make the industry a better place for image makers.

In exchange for your early, full-year payment now, we are offering a **\$25 discount off Professional, Associate, or Individual Affiliate membership fees** when you renew or upgrade to one of these three levels. **Use promo code 25off2019 when you renew,** and your discount will be automatically applied.

Offer available only during the month of November 2018.

Sincerely,

Luke Copping, National Board Chair

Tom Kennedy, Executive Director

Rationale:  
→



American Society of Media Photographers

PO Box 1810, Traverse City MI 49685-1810

1 3 497



TERRY VITACCO

621 70TH ST

DARIEN IL 60561-4053

# Renew early.

and get a  
membership  
discount!



ASMP Member Number **5201**

TERRY VITACCO

621 70TH ST

DARIEN IL 60561-4053



American Society of  
Media Photographers

PO BOX 1810

TRAVERSE CITY MI 49685-1810

**YES, I'm eligible to receive the \$25 discount!**

- ① **Three ways to renew/upgrade:**
- ② **Phone:** Please call 877-771-ASMP (2767)
- ③ **Online:** Login at [ASMP.org/Renew](http://ASMP.org/Renew) with your ASMP Member Number: **5201**

**Mail this coupon:**

☐ ~~\$335~~ \$310 Professional

☒ ~~\$225~~ \$200 Associate

☐ ~~\$225~~ \$200 Individual Affiliate

☐ Auto renew my membership on December 15th yearly

☐ Check

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

CC#: \_\_\_\_\_

Expires: \_\_\_\_/\_\_\_\_ Security Code\*: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

\* Three digit code on back of credit card

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From: marekr@cod.edu  
Sent: Thu Nov 15 08:41:51 CST 2018  
To: invoicing@cod.edu  
CC:  
Subject: FW: Scanned from a Xerox Multifunction Device  
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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]