

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1527734
Vendor Name: DLR Group Inc.
Invoice Number: 0153551
Invoice Date: 10/10/18
PO Number: B0353703
Check Number: E0070589
Check Amount: \$ 3,739.00
Check Date: 11/28/2018
Department ID: 36825
Reviewer Name: Kathy Striplin
Voucher Number: V0543207
Redaction Type: None
Document Type: AP Invoice

Document Below

V0542555

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NOV 01 2018



HUMAN RESOURCES

Human Resources

Professional Development for CODAA — Prior Approval Reimbursement Form

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.*

Employee Name: Diane Wawrejko *DWC* Colleague ID#: 24304003524890 *2019166*

Department: Humanities Extension: n/a Date: July 25, 2018

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

†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)

- ☒ Conference/Class/Seminar ☐ License
☒ Dues/Periodicals/Subscriptions
☐ Chaparral Fitness Center (up to \$100 may be used for reimbursement of annual fees for Employee membership)

Title/Sponsor: AJDEO

Date of Event: _____

Tuition, Registration, Dues, Subscription Fee: \$115

License: (1/2 of cost if required for position at COD) \$ _____

Course/Conference/Seminar Name:

International Conference on Jews and Jewishness in Dance

Date Class/Conference/Seminar Begins & Ends:

Oct 12-15, 2018

College or University: Arizona State University

Seminar Sponsor: ASU

Tuition, Registration, Fee: \$1,722

Is this job related? Yes ☒ No ☐

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

Reimbursement (\$350 max): \$350

Needed to Complete Process: Proof of payment and proof of satisfactory completion, if applicable.

Required: Is employee a current CODAA member? Yes ☒ No ☐

☒ Approved ☐ Not Approved

Sandra Martinez
 Dean/Associate Dean

9-18-18

Date

Department Authorized Budget Signature (if different)

[Signature]
 VP Academic Affairs (required)

Date

9/20/18

Date

Amount of reimbursement: \$ 115.00

Account #01-90-00835-52090-16 FY: 19

[Signature]
 Compensation Specialist

HR USE ONLY

Date request sent to Accounts Payable: 1/14/18

Date request approved: _____

Date expense approved: _____

*The College has established a maximum amount of reimbursement per fiscal year per CODAA member. The College will develop a budget for Professional Education Development for CODAA members per fiscal year. Once this budget is exhausted, no more funds will be available. Each fiscal year begins July 1 and ends June 30, and reimbursement is dependent upon course completion date. This form must be completed and signed before enrolling in the class, workshop or other activity, or before purchasing a membership, periodical or subscription.

HR-17-2557411 0/17

National Dance Education Organization
www.ndeo.orgReceived From **Diane Wawrejko**Date **11/2/2018**Total Amount **\$ 115.00**Paid By **Check # 1155 (to club) 115.00****Applied To Transactions**

Renew Membership (11/2/2018 Ref # 52892)	115.00	(Applied Amount 115.00)
Membership (Professional Membership) 1 @ 115.00	115.00	
Illinois Dance Education Organization 1 @ 0.00	0.00	

Refund Policy

All payments are final. We do not provide refunds for membership signups and renewals, event registrations, donations, storefront purchases, or other misc. charges. Please carefully review the charge(s) checked above and be sure you know what you are paying for.

The refund policy is set by National Dance Education Organization. If refunds are available, requests must be directed to National Dance Education Organization - they cannot be handled by ClubExpress.

Dr. Diane Wawrejko

Revised Reimbursement Request for Expenses 11.09.18

Thank you for funding my requests to present my original research on Daniel Nagrin at the "**Jews and Jewishness in the Dance World**" international conference. The peer-reviewed event was hosted by **Arizona State University** from Friday evening **October 12 to Monday evening Oct 15, 2018.**

Conference Expenses:

Professional membership Fees to attend conference:

Dance Studies Association \$145 (<i>due in Dec/Jan and will be covered by CODAA</i>)	
National Dance Education Association \$115	\$ 260

Travel & Hotel Expenses

Airfare: RT ticket from Chicago to Phoenix	\$346
Baggage fees	50
Transport to O'Hare and back @ \$65 each way + return	130
Hotel – University Inn, 5 nights @ \$147 night conference rate + fees	608
Per Diem @ \$59 per day (per GSA tier) @ 5 days total	271

Total Expenses:	\$1,665
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Funding:

Nagrin Foundation grant to cover airfare	\$346
Jews & Jewishness - ASU Conference grant	\$350

CODAA Professional Development Fund \$350 as follows:

\$115 NDEO professional dues
\$ 90 ASU Conference, partial hotel (approved by Dean)
\$145 Dance Studies Association dues will be submitted in Dec/Jan

Amount for CODAA to reimburse now with Hotel:	\$205
OR -- without Hotel:	\$115

Global Education Initiatives Funding as follows:

\$149 Hotel balance (\$608.85 - \$350 ASU conf grant –\$18.50 brkfst – \$90 CODAA

\$130 O'Hare transport fees 2x

\$ 50 Luggage fees 2x

\$227 Per diem (approx. Sue, I'll bring itemized receipts & we can figure out exact \$)

Amount for Global Ed to reimburse w CODAA hotel funding: \$556

OR -- without CODAA hotel funding: \$646

From: marekr@cod.edu
Sent: Thu Nov 15 08:41:57 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
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