

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1604475

Vendor Name: University of the Cumberlands

Invoice Number: EM-TIJB041020

Invoice Date: 04/10/20

PO Number:

Check Number: 0267594

Check Amount:

Check Date: 04/28/2020

Department ID: 00835

Reviewer Name:

Voucher Number: V0620899

Redaction Type: None

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

Document Below

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From: barriosi142@cod.edu  
Sent: Tue Apr 21 11:03:23 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: FW: Professional Development Request  
-----

**From:** Cassel, Adrienne <cassel@cod.edu>  
**Sent:** Tuesday, April 21, 2020 11:01 AM  
**To:** Barrios, Isabel <barriosi142@cod.edu>  
**Cc:** Mosher, Jill <mosher@cod.edu>; Tijerina, Belinda <tijerinab@cod.edu>  
**Subject:** Fw: Professional Development Request

Hi Isabel,

Please process the attached for Belinda. It is for a pre-payment. The vendor ID is at the top (#1604475).

Thank you,  
Adrienne

---

**From:** Tijerina, Belinda  
**Sent:** Monday, April 20, 2020 9:02 PM  
**To:** Cassel, Adrienne  
**Subject:** Professional Development Request

Hello Adrienne,

I hope that all is well with you and your family!

I have attached a professional development request approved by my manager and proof of registration for an eight-week course, which runs from May 4, 2020 to June 25, 2020. I would like to utilize the remainder of my professional development funds (\$675) in the form of pre-payment toward the tuition for this course.

Thanks so much for assisting with this! ☺ Please let me know if you need anything else.

Belinda

**Belinda Tijerina**  
Academic Division Business Associate  
STEM Division / 630-942-3597  
**College of DuPage**



## Human Resources

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

Belinda Tijerina

EMPLOYEE NAME

COLLEAGUE ID #

STEM Division

DEPARTMENT

3597

PHONE EXT.

April 10, 2020

DATE OF REQUEST

## Professional/Educational Development Tuition Reimbursement

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

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.

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

### College/University/Seminar Sponsor

University of the Cumberlands

6178 College Station Drive, Williamsburg, KY 40769

Address (if requesting a **Pre-Payment**)

### Name of Course/s

LEAS 731 - Learning in Adulthood

Date class begins/Date class ends

May 4, 2020 / June 25, 2020

Is course job related? ☒ Yes ☐ No

Describe how course is job related:

Providing support of STEM Division organization and operations.

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 all that apply)

☐ Reimbursement for conference/seminar/class \$ \_\_\_\_\_

☐ Required Class Materials \$ \_\_\_\_\_

☒ †Pre-payment for COD credit & non-credit class/conference/seminar/class (>\$50) \$ 675.00

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

☐ COD Health Club \$ \_\_\_\_\_

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

\*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. B.T. (Initial here)

### Needed to Complete Process:

Proof of completion and proof of payment

Proof of payment

Proof of completion

Proof of completion and proof of payment

Proof of payment

### REQUIRED ☒ Approved

SUPERVISOR'S SIGNATURE

4/10/20

DATE

DEPARTMENT'S AUTHORIZED BUDGET SIGNATURE

DATE

COMPENSATION SPECIALIST

### HUMAN RESOURCES OFFICE USE ONLY

Amount of Payment: \$ \_\_\_\_\_

Account #01-90-00835-52090-17 FY \_\_\_\_\_

Date request sent to Accounts Payable: \_\_\_\_\_

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

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

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

# INSTRUCTIONS

*For any reimbursement requiring payment for travel expenses, employee **MUST** use Concur. If no travel reimbursement is requested, employee may send the paper form to Human Resources for manual processing.*

1. Complete the information requested on the form and have it signed by your supervisor and department authorized budget signatory.
2. Submit a request in Concur, attaching your approved Professional Development form and allocating the expenses to the appropriate funding source. (For professional development, use department 00835, function 90). *When completing your header in Concur, be sure to choose "Request Type 2" to ensure proper routing.*
3. Once approval process is complete, employee may register for the class/conference/seminar.
4. Upon completion, submit an expense report through Concur, attaching approved Professional Development form, proof of payment and proof of attendance. Allocate expenses to the appropriate funding source. *Again, be sure you choose "Report Type 2" in your header to ensure proper routing.*

## **For Pre-Payments:**

1. Complete the information requested on the form, check the appropriate box indicating you are requesting a pre-payment, and initial the statement that is in italics underneath. Submit the request in Concur, attaching the form and invoice, and allocating the expenses to the appropriate funding source.
2. Once the approval process is complete, contact Accounts Payable to make the payment. **Please note: Concur will NOT automatically make the payment — you must contact A/P to do that.**
3. Within 60 days of completion, put through an expense report in Concur, attaching Professional Development Form, proof of payment (indicating that it was "company paid") and proof of attendance. Human Resources will authorize deductions of pre-payments from payroll if evidence of completion is not submitted within 60 days.
4. Pre-payments for college/university classes cannot be prepaid through Concur. A paper form must be submitted to Human Resources and a check will be made payable to the college/university and will be returned to the employee.

\*For pre-payments not using Concur, a check will be made payable to the sponsor/organization and will be returned to the employee.

[Student](#) • [Registration](#) • [View Registration Information](#)

## View Registration Information

Look up a Schedule

Active Registrations

### Class Schedule

Term: Summer 2020

Title	Details	Hours	CRN	Schedule Type	Grade Mode	Level	Part Of Term	Study Path	Date	Status	Message
<a href="#">Learning in Adulthood</a>	LEAC 731, 02	3	30074	Lecture	Standard Letter	Graduate	First Bi-Term	None	04/14/2020	Registered	**Register...
<a href="#">Pol of Org Decision Making</a>	LEAS 730, 03	3	30101	Lecture	Standard Letter	Graduate	Second Bi...	None	04/14/2020	Registered	**Register...

Records: 2

Total Hours | Registered: 6 | Billing: 6 | CEU: 0 | Min: 0 | Max: 12

Schedule

Schedule Details

### Class Schedule for Summer 2020

▼ [Learning in Adulthood](#) | Leadership (LEAC) 731 Section 02 | Class Begin: 05/04/2020 | Class End: 06/25/2020

Registered

05/04/2020 -- 06/25/2020 **S M T W T F S** 08:01 PM - 09:30 PM Type: Class Location: None Building: None Room: None

Instructor: [Privott, Christine](#) (Primary)

CRN: 30074

Message: \*\*Registered\*\* | Hours: 3 | Level: Graduate | Campus: On-line | Schedule Type: Lecture | Instructional Method: Online | Grade Mode: Standard Letter | Waitlist Position: 0 | Notification Expires: None



## Human Resources

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

EMPLOYEE NAME \_\_\_\_\_

COLLEAGUE ID # \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

PHONE EXT. \_\_\_\_\_

DATE OF REQUEST \_\_\_\_\_

## Professional/Educational Development Tuition Reimbursement

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

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

**College/University/Seminar Sponsor**

Date class begins/Date class ends

Address (if requesting a **Pre-Payment**)

Is course job related? ☐ Yes ☐ No

Describe how course is job related:

**Name of Course/s**

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 all that apply)

**Enter Amount:**

**Needed to Complete Process:**

☐ **Reimbursement** for conference/seminar/class \$ \_\_\_\_\_

☐ **Required Class Materials** \$ \_\_\_\_\_

☐ **†Pre-payment** for COD credit & non-credit class/conference/seminar/class (>\$50) \$ \_\_\_\_\_

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

☐ **COD Health Club** \$ \_\_\_\_\_

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

**Proof of completion and proof of payment**

**Proof of payment**

**Proof of completion**

**Proof of completion and proof of payment**

**Proof of payment**

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**†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: \$ 675.00

Account #01-90-00835-52090-17 FY 20

Date request sent to Accounts Payable: 4/21/20

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

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

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[Student](#) • [Registration](#) • [View Registration Information](#)

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 Schedule Details

### Class Schedule for Summer 2020

▼ [Learning in Adulthood](#) | Leadership (LEAC) 731 Section 02 | **Class Begin:** 05/04/2020 | **Class End:** 06/25/2020

Registered

05/04/2020 -- 06/25/2020 | **S** **M** **T** **W** **T** **F** **S** | 08:01 PM - 09:30 PM **Type:** Class **Location:** None **Building:** None **Room:** None

**Instructor:** [Privott, Christine](#) (Primary)

**CRN:** 30074

**Message:** \*\*Registered\*\* | **Hours:** 3 | **Level:** Graduate | **Campus:** On-line | **Schedule Type:** Lecture | **Instructional Method:** Online | **Grade Mode:** Standard Letter | **Waitlist Position:** 0 | **Notification Expires:** None

# INSTRUCTIONS

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2. Once the approval process is complete, contact Accounts Payable to make the payment. **Please note: Concur will NOT automatically make the payment — you must contact A/P to do that.**
3. Within 60 days of completion, put through an expense report in Concur, attaching Professional Development Form, proof of payment (indicating that it was "company paid") and proof of attendance. Human Resources will authorize deductions of pre-payments from payroll if evidence of completion is not submitted within 60 days.
4. Pre-payments for college/university classes cannot be prepaid through Concur. A paper form must be submitted to Human Resources and a check will be made payable to the college/university and will be returned to the employee.

\*For pre-payments not using Concur, a check will be made payable to the sponsor/organization and will be returned to the employee.



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From: barrios142@cod.edu  
Sent: Tue Apr 28 09:26:35 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: FW: Professional Development Request  
-----

**From:** Roberts, Ellen <roberts@cod.edu>  
**Sent:** Tuesday, April 28, 2020 9:24 AM  
**To:** Cassel, Adrienne <cassel@cod.edu>  
**Cc:** Barrios, Isabel <barrios142@cod.edu>; Tijerina, Belinda <tijerinab@cod.edu>; Mosher, Jill <mosher@cod.edu>  
**Subject:** RE: Professional Development Request

Good morning!

Approved for manual check.

Thank you,

*Ellen*

Ellen M. Roberts  
Interim Vice President, Administrative Affairs  
**College of DuPage**  
425 Fawell Blvd.  
Glen Ellyn, IL 60137  
roberts@cod.edu  
630-942-2218

**From:** Cassel, Adrienne <cassel@cod.edu>  
**Sent:** Tuesday, April 28, 2020 9:21 AM  
**To:** Roberts, Ellen <roberts@cod.edu>  
**Cc:** Barrios, Isabel <barrios142@cod.edu>; Tijerina, Belinda <tijerinab@cod.edu>; Mosher, Jill <mosher@cod.edu>  
**Subject:** Fw: Professional Development Request

Hi Ellen,

Can you please see Isabel's email below? Belinda Tijerina requested a pre-payment using PD funds but Isabel needs approval from you to cut a manual check. Please let Isabel know if she can do this today.

Thanks,  
Adrienne

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**From:** Barrios, Isabel  
**Sent:** Tuesday, April 28, 2020 8:48 AM  
**To:** Cassel, Adrienne  
**Subject:** RE: Professional Development Request

Good morning,

Would you mind reaching out to her? I would need to get this cut today so we can mail it out tomorrow since the mailroom is only there once a week and to insure it gets there in time.

Can you also copy me on the email so that when she responds I get it as well?

Thank you.

**From:** Cassel, Adrienne <cassel@cod.edu>  
**Sent:** Tuesday, April 28, 2020 8:45 AM  
**To:** Barrios, Isabel <barriosi142@cod.edu>  
**Subject:** Re: Professional Development Request

Isabel,

No I haven't heard. Would you mind reaching out to her, or do you want me to try again?

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**From:** Barrios, Isabel  
**Sent:** Monday, April 27, 2020 3:58:28 PM  
**To:** Cassel, Adrienne  
**Subject:** FW: Professional Development Request

Hi Adrienne,  
Did you ever get an answer back from Ellen on this?

Hope you are doing well.  
Thanks you.

**From:** Barrios, Isabel  
**Sent:** Tuesday, April 21, 2020 4:41 PM  
**To:** Cassel, Adrienne <cassel@cod.edu>  
**Subject:** RE: Professional Development Request

Hi Adrienne,  
I already vouchered the request. I noticed that the class begins May 4th. That would mean that they need to receive the check prior to that. Our check run is only mid-May. I would need you to get Ellen Roberts to approve this so that we could cut a Manual Check.

Please let me know if I can be of any further assistance. I will await your response.

Thank you.

**From:** Cassel, Adrienne <cassel@cod.edu>  
**Sent:** Tuesday, April 21, 2020 11:01 AM  
**To:** Barrios, Isabel <barriosi142@cod.edu>  
**Cc:** Mosher, Jill <mosher@cod.edu>; Tijerina, Belinda <tijerinab@cod.edu>  
**Subject:** Fw: Professional Development Request

Hi Isabel,

Please process the attached for Belinda. It is for a pre-payment. The vendor ID is at the top (#1604475).

Thank you,  
Adrienne

---

**From:** Tijerina, Belinda  
**Sent:** Monday, April 20, 2020 9:02 PM  
**To:** Cassel, Adrienne  
**Subject:** Professional Development Request

Hello Adrienne,

I hope that all is well with you and your family!

I have attached a professional development request approved by my manager and proof of registration for an eight-week course, which runs from May 4, 2020 to June 25, 2020. I would like to utilize the remainder of my professional development funds (\$675) in the form of pre-payment toward the tuition for this course.

Thanks so much for assisting with this! ☺ Please let me know if you need anything else.

Belinda

**Belinda Tijerina**  
Academic Division Business Associate  
STEM Division / 630-942-3597  
**College of DuPage**