

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1604475

Vendor Name: University of the Cumberlands

Invoice Number: EM-CUMJ043020

Invoice Date: 05/06/20

PO Number:

Check Number: 0267763

Check Amount: \$ 945.00

Check Date: 05/07/2020

Department ID: 00835

Reviewer Name:

Voucher Number: V0622230

Redaction Type: None

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

Document Below

Professional Development Request for 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: Jennifer Cumpston Colleague ID#: 1390669

Department: STEM Extension: 3570 Date: 4/28/20

☐ REIMBURSEMENT REQUEST or ☒ PRE-PAYMENT REQUEST†

- ☒ Course/ Workshop/Conference

☐ Dues/Subscriptions

☐ Work Related Books

☐ Travel*

☐ 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: Strategic Leadership/University of the Cumberland

Date of Event: 5/4 to 6/25 Tuition, Registration, Dues, Subscription Fee: \$ 945

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

☒ Approved ☐ Not Approved: Kirk Overstreet Digitally signed by Kirk Overstreet
Date: 2020.04.28 16:28:19 -05'00' Date: _____
VP Signature

*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. JLC (Initial here)

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

Amount of reimbursement: \$ <u>945.00</u>		HR USE ONLY	
Date request approved: _____	Date request sent to Accounts Payable: <u>4/30/20</u>	Date expense approved: _____	
HR Approval: <u>A Cassel</u>	<input checked="" type="checkbox"/> Account #01-90-00835-52090-15: Administrator Tuition <input type="checkbox"/> Account #01-90-00835-52090-20: Administrator Dues		

Account Activity

Filter activity by

Full account activity

View Activity

Expand All Print Excel PDF

Student Account Balance

\$1,990.00

▼ Summer 2020

\$1,990.00

Print Excel PDF

Account Activity

Search:

Description	Code	Date	Amount
▼ Tuition			\$1,890.00
GR MBA Tuition	T016	5/4/20	\$1,890.00
▼ Fees			\$100.00
		Term Balance:	\$1,990.00
		Term Balance Including Estimated Aid:	\$1,990.00
▼ Spring 2019			\$0.00

From: barriosi142@cod.edu
Sent: Wed May 06 15:49:22 CDT 2020
To: invoicing@cod.edu
CC:
Subject: scan0001.pdf
