

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1297521

Vendor Name: University of Illinois At Spri

Invoice Number: EM-ALFB050720

Invoice Date: 05/07/20

PO Number:

Check Number: 0268010

Check Amount: \$ 350.00

Check Date: 05/19/2020

Department ID: 00835

Reviewer Name:

Voucher Number: V0622638

Redaction Type: None

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

Document Below

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: _____ Colleague ID#: _____

Department: _____ Extension: _____ Date: _____

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)

Course/Conference/Seminar Name: _____

Date Class/Conference/Seminar Begins & Ends: _____

College or University: _____

Seminar Sponsor: _____

Tuition, Registration, Fee: \$ _____

Title/Sponsor: _____

Date of Event: _____

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

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

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)

Reimbursement (\$350 max)*: _____

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**

Dean/Associate Dean

Date

Department Authorized Budget Signature (if different)

Date

VP Academic Affairs (required)

Date

Amount of reimbursement: \$ **350.00**

HR USE ONLY

Account #01-90-00835-52090-16 FY: **21**

Date request sent to Accounts Payable **5/7/20**

Date request approved: _____

Date expense approved: _____


Compensation Specialist

University of Illinois Springfield
One University Plaza
Springfield, Illinois 62703-5407
217-206-6600

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Continuing and Professional Education Self-Service

[Continuing Education Transcript \(?cmd=showTranscript\)](#)[Course Schedule \(https://colrs.uis.edu/portal/catalog\)](https://colrs.uis.edu/portal/catalog)[Course Withdrawal Form \(https://colrs.uis.edu/register/withdraw\)](https://colrs.uis.edu/register/withdraw)

Use the Save or Print functions on your computer to save the transcript as a PDF to share.

Note: Illinois Online Network (ION) staff are verifying each participant's imported continuing education course data. If you feel that something is incorrect, please **email ION** (<mailto:ion@uis.edu?subject=Error%20on%20ION%20Continuing%20Education%20Transc>)

Course History

Payment Due: 450.00 USD

Course Title	Date	CEUs	Grades	Awaiting	Encouraging
EC2031 - Encouraging Communications in Online Courses (MOT)	06/01/20				Communication in Online Courses - Submit Payment for 150.00 USD (/apply /payment?id=fd754cae-ad7b-40b8-b03e-6e17ebaa3162)
OO2032 - Overview of Online Instruction (MOT)	06/01/20				

Course Title	Date	CEUs	Grades	Awaiting	Instructional Design for
ID2031 - Instructional Design for Online Course Development (MOT)	06/01/20				Online Course Development - Submit Payment for 150.00 USD (/apply /payment?id=217168...432e-818d-45022dd2c1bc)

Professional Certificates

Certificate Title	Program	Date
None		

Awaiting	Overview of Online Instruction - Submit Payment for 150.00 USD (/apply /payment?id=ff136362-eb4e-4707-b477-f1f2540e7c07)
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Profile Information

- Your email and username: alfordb777@cod.edu
- Update address, institutional affiliation, or birthday (<https://colrs.uis.edu/register/?id=00a228e7-ece0-4b05-8753-428f9ff4ccc5>)
- Request a change to your email address or name (<https://colrs.uis.edu/apply/form?id=f0f49375-a6c6-4790-97af-e65d767c2504>)
- Reset your password (<https://colrs.uis.edu/account/reset>)

(<https://www.uis.edu/brand/>)

*****Begin Continuing Education Transcript*****

Continuing Education Transcript for:

Bonniejean Alford
1740 22nd St Apt J
Wheaton, IL 60189
United States

Delivered to:

Bonniejean Alford

Transcript Issued by:

Continuing and Professional Education
University Of Illinois Springfield
One University Plaza, MS-BRK 415
Springfield, IL 62703

Email: cape@uis.edu

Phone: (217) 206-8650

Campus: University of Illinois Springfield

Unit: Continuing and Professional Education

Level: Continuing Education

Issue Date: April 27, 2020

Professional Certificates Completed

Certificate Title	Program	Date
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None

Courses Completed

Course Title	Date	CEU Hours	Grades
EC2031 - Encouraging Communications in Online Courses (MOT)	06/01/2020		
OO2032 - Overview of Online Instruction (MOT)	06/01/2020		
ID2031 - Instructional Design for Online Course Development (MOT)	06/01/2020		

*****End Continuing Education Transcript*****

PROFESSIONAL DEVELOPMENT FOR CODAA

- 1.** Professional Development funds are to be used for reimbursement of tuition, fees, conference registrations, seminars, membership dues, appropriate academic periodicals/subscriptions or one-half the costs for professional licenses that are required in the official hiring guidelines.
- 2.** CODAA member must secure prior approval for tuition reimbursement/pre-payment.
- 3.** The Dean and the Vice President of Academic Affairs must sign the form before you can enroll in courses, workshops, seminars or conferences, or before you purchase periodicals/subscriptions. A department authorized budget signature is also required if different from Associate Dean.
- 4.** Forms are available on the Employee Portal.
- 5.** Upon completion of approved work or purchase, the approval form, the evidence of payment and the evidence of completion must be submitted to the office of Human Resources to request reimbursement.

From: barriosi142@cod.edu
Sent: Thu May 14 09:46:48 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: PD form - B. Alford

From: Cassel, Adrienne <cassel@cod.edu>
Sent: Thursday, May 7, 2020 10:00 AM
To: Barrios, Isabel <barriosi142@cod.edu>
Cc: Alford, Bonniejean <alfordb777@cod.edu>
Subject: PD form - B. Alford

Hi Isabel,

Please process the attached PD form for Bonniejean. It is a pre-payment so I put the Colleague ID at the top. Can you please let her know if it will be ACH or if a check will be cut?

Bonniejean, since these will end after 6/30, it will be applied to FY21 for professional development purposes.

Thanks,
Adrienne