

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1297521
Vendor Name: University of Illinois At Spri
Invoice Number: 676829019
Invoice Date: 08/06/20
PO Number: P0369755
Check Number: 0272569
Check Amount: \$ 350.00
Check Date: 09/15/2020
Department ID: 15165
Reviewer Name: None
Voucher Number: V0639805
Redaction Type: None
Document Type: AP Invoice

Document Below

PO #369755

2020-2021 ION Institutional Membership Renewal

Dear Susan Landers,

Thank you for purchasing an ION institutional membership for College of DuPage valid for 2020-2021 ION Institutional Membership Renewal.

The balance due on your membership is currently **\$200**.
Invoice Number: **676829019**.

You may submit payment by credit card or mail a check to:

ION Professional eLearning Programs
1 University Plaza, MS-BRK 425
Springfield, IL 62703

If you have any questions, the ION office may be reached at ion@uis.edu or 217-206-8650.

Sincerely,
The ION Team

APPROVED
08/14/20 - SUSAN LANDERS

From: barrios142@cod.edu
Sent: Thu Aug 06 15:00:47 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: ION Invoice

From: Kiabi, Diana <kiabid@cod.edu>
Sent: Thursday, August 6, 2020 2:58 PM
To: Barrios, Isabel <barrios142@cod.edu>
Subject: Re: ION Invoice

Isabel:

Attached is the correct invoice.

Thanks!

Diana

From: Barrios, Isabel
Sent: Thursday, August 6, 2020 2:20 PM
To: Kiabi, Diana
Subject: RE: ION Invoice

Diana,
This invoice is from last year. It was paid already on a different po#. Do you have one for this year for this PO?

From: Kiabi, Diana <kiabid@cod.edu>
Sent: Thursday, August 6, 2020 12:03 PM
To: Barrios, Isabel <barrios142@cod.edu>
Subject: ION Invoice

From: Kiabi, Diana
Sent: Monday, July 13, 2020 4:33 PM
To: Invoicing
Subject: ION Invoice

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1297521

Vendor Name: University of Illinois At Spri

Invoice Number: EM-ALBJ082620

Invoice Date: 08/26/20

PO Number:

Check Number: 0272569

Check Amount: \$ 350.00

Check Date: 09/15/2020

Department ID: 00835

Reviewer Name:

Voucher Number: V0640562

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**

Marianne Hunnicutt
Dean/Associate Dean

Date

Department Authorized Budget Signature (if different)

Kirk Overstreet

Date

Assistant Provost of Instruction

Date

HR USE ONLY

Amount of reimbursement: \$ 150.00

Date request sent to Accounts Payable: 8/26/20

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

Date request approved: _____

Date expense approved: _____

A. Cassel
Compensation Specialist

*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.

Continuing and Professional Education Self-Service

Continuing Education Transcript Course Schedule Course Withdrawal Form

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.

Course History

Course Title	Date	CEUs	Grades	Awaiting	Student Assessment in Online Courses - Submit Payment for 150.00 USD
EC2031 - Encouraging Communications in Online Courses (MOT)	06/01/20	8	CR		
OO2032 - Overview of Online Instruction (MOT)	06/01/20	8	CR		
ID2031 - Instructional Design for Online Course Development (MOT)	06/01/20	8	CR		
SA2041 - Student Assessment in Online Courses (MOT)	08/24/20				

Payment Due: 150.00 USD

Profile Information

- Your email and username: alfordb777@csd.edu
- Update address, institutional affiliation, or birthday
- Request a change to your email address or name
- Reset your password

Professional Certificates

Certificate Title Program Date
None

Rationale for taking online courses

1 University Plz, Springfield, IL 62703 MS Brookens Library 415 C/O Gary Anderson.

Please note that it is for Bonniejean Alford for class starting 24 August 2020.

I am taking the attached 8-week course, Student Assessment in Online Courses, beginning 26 August 2020 to strengthen my online teaching skills and create better adaptability for online teaching going forward. I have completed the first 3 courses, and after this course, I will have two courses left to complete the certificate by mid-December. Subsequent request will follow.

In this current climate with likelihood of more online and hybrid courses in the fall and possibly beyond, it is essential that I continue to refresh my skills and provide the best material to my students. And even if I don't teach online after this, the training in this certificate program will better allow me to integrate OER into my traditionally taught courses.

I registered before seeking approval as I didn't want to miss out on having the classes (they fill up quickly) and I am taking it with a colleague in another department. I am hopeful that the payment run can be done next week.

Attached: registration with amounts and schedule.

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.

Note: Professional Development funds allocated for reimbursement will be from the Fiscal Year in which the course/conference/workshop concludes.

From: barriosi142@cod.edu
Sent: Wed Aug 26 09:31:19 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: PD form - B. Alford

From: Cassel, Adrienne <cassel@cod.edu>
Sent: Wednesday, August 26, 2020 9:19 AM
To: Barrios, Isabel <barriosi142@cod.edu>
Cc: Alford, Bonniejean <alfordb777@cod.edu>
Subject: PD form - B. Alford

Hi Isabel,

Please process the attached pre-payment for Bonniejean. The vendor # is at the top.

Thanks,
Adrienne

Adrienne Cassel
Human Resources, Compensation Specialist
College of DuPage
425 Fawell Blvd
Glen Ellyn, IL 60137