

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087024

Vendor Name: NEMRT

Invoice Number: EM-GRAG083120

Invoice Date: 08/31/20

PO Number:

Check Number: 0272517

Check Amount: \$ 175.00

Check Date: 09/15/2020

Department ID: 00835

Reviewer Name:


Voucher Number: V0643096

Redaction Type: Other

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

Document Below

From: cruseb199@cod.edu
Sent: Mon Aug 31 10:33:00 CDT 2020
To: invoicing@cod.edu



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

College of DuPage

Human Resources

Please refer to the "Concur Professional Development Procedure" in the

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.

Registration form (circle amount requesting).

College/University/Seminar Sponsor

NEMRT 355 Smoke Tree Business Plaza

North Aurora IL 60542

Address (if requesting a Pre-Payment)

Name of Course/s

32-Hour Police Cyclist Class

Date class begins/Date class ends

08/03/2020 / 08/06/2020

Is course job related?

☒ Yes ☐ No

Describe how course is job related:

Bicycle Certification Training

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) \$ 175.00

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

☐ COD Health Club \$ _____

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

Needed to Complete Process:

Proof of completion and proof of payment

Proof of payment

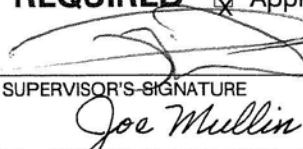
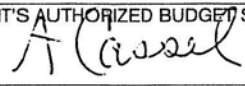
Proof of completion

Proof of completion and proof of payment

Proof of payment

*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. _____ (Initial here)

REQUIRED <input checked="" type="checkbox"/> Approved	
SUPERVISOR'S SIGNATURE 	DATE 08/12/2020
DEPARTMENT'S AUTHORIZED BUDGET SIGNATURE 	DATE 08/26/2020
COMPENSATION SPECIALIST	

HUMAN RESOURCES OFFICE USE ONLY

Amount of Payment: \$ 175.00

Account #01-90-00835-52090-17 FY 21

Date request sent to Accounts Payable: 8/31/20

Date request approved: _____

Date expense approved: _____

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





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