

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1010862

Vendor Name: Northern Illinois University

Invoice Number: EM-SOTT082420

Invoice Date: 08/24/20

PO Number:

Check Number: 0272519

Check Amount: \$ 1,476.18

Check Date: 09/15/2020

Department ID: 00835

Reviewer Name:

Voucher Number: V0640444

Redaction Type: FERPA

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

Document Below



## Professional Development Request Full-Time Faculty

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: \_\_\_\_\_ Colleague ID#: \_\_\_\_\_

Department: \_\_\_\_\_ Extension: \_\_\_\_\_ Date: \_\_\_\_\_

**PROFESSIONAL DEVELOPMENT REIMBURSEMENT REQUEST:** ☐ REIMBURSEMENT ☒ PRE-PAYMENT†

☐ Workshop/Conference ☐ Dues/Subscriptions

☐ Books

☐ Travel\*

Title/Sponsor: \_\_\_\_\_

Date of Event: \_\_\_\_\_

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

Travel: \$ \_\_\_\_\_ Books: \$ \_\_\_\_\_

Course Number: \_\_\_\_\_ Date: \_\_\_\_\_

College or University: \_\_\_\_\_

Course Name: \_\_\_\_\_

Number of Credits: \_\_\_\_\_ semester hours \_\_\_\_\_ quarter hours

Tuition, Registration, Fee: \$ \_\_\_\_\_

Provide rationale that includes how this will improve your ability to work with students and/or teach your courses:  
(attach additional page if necessary)

☐ Approved ☐ Not Approved \_\_\_\_\_ Date: \_\_\_\_\_  
Dean/Associate Dean

\*Up to \$600.00 per year (of the \$1,850.00) 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.

(Initial here)

**see attached email**

### COURSE CREDIT FOR RANGE CHANGE REQUEST:

Course Number: \_\_\_\_\_ Dates: \_\_\_\_\_ College or University: \_\_\_\_\_

Course Name: \_\_\_\_\_ Number of Credits Earned: \_\_\_\_\_ semester hours \_\_\_\_\_ quarter hours

Provide rationale that includes how this will improve your ability to work with students and/or teach your courses:  
(attach additional page if necessary)

☐ Approved ☐ Not Approved \_\_\_\_\_ Date: \_\_\_\_\_  
Dean

Return this signed form along with attachments showing proof of payment and proof of satisfactory completion, if applicable, to Human Resources.

### HR USE ONLY

HR has recorded \_\_\_\_\_ semester hours

The cumulative hours recorded are: \_\_\_\_\_

HR Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Account #01-90-00835-52090-14: Faculty Tuition

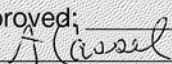
Account #01-90-00835-52090-18: Faculty Dues

Amount of reimbursement: \$ **1476.18**

Date request sent to Accounts Payable: **8/24/20**

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

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

HR Approval: 

I am still processing all the pre-payments/reimbursements and tracking credits. Everything that Teresa was

