

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1010320

Vendor Name: DePaul University

Invoice Number: 1975193

Invoice Date: 11/25/20

PO Number:

Check Number: 0275696

Check Amount: \$ 2,090.00

Check Date: 01/12/2021

Department ID: 00835

Reviewer Name:

Voucher Number: V0658032

Redaction Type: None

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

Document Below

From: Zerrudo, Maria <zerrudom@cod.edu>
Sent: Mon Jan 11 12:36:57 CST 2021
To: invoicing@cod.edu
CC:
Subject: Attached Document

[attachment: Default.PDF]

**Professional Development and Renewal Fund 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: Liz Adames Colleague ID#: _____

Department: Liberal Arts **Vendor's new remit to address:**
1 East Jackson Bldv., Suite 9900 Extension: 3731 Date: 5/26/2020
Chicago, IL 60604

☐ REIMBURSEMENT REQUEST or ☒ PRE-PAYMENT REQUEST†
☒ Course/Workshop/Conference ☐ Dues/Subscription ☐ Non-Related Books ☐ Travel
☐ A/COD Health Club ☐ A/COD Wellness/Fitness Classes ☐ A**Non-COD Health Club/Fitness/Wellness Classes

**These are taxable to the employee

△ These do not require approval of Dean/Associate Dean

Sponsor/College or University: DePaul University

Title/Course Name and Number: Writing, Rhet., Discourse: Proseminar 500 Number of Credits: 4

Date of Event: 9/9-11/24/2020 Tuition, Registration, Dues, Subscription/Membership Fee, Books: \$ 2,090

Travel: \$ _____

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

See attached **CHECK 0272442-JPM STOPPED PAYT. CHECK0273295 STOP PAYMENT / CHECK VOIDED**
DEPAUL UNIVERSITY NEVER THE CHECK V640636 VOIDED
THEY JUST PROVIDED THEIR NEW ADDRESS
WITH LIZ ADAMES ON 10/15/20

☐ Approved ☐ Not Approved _____ Date: _____
Dean/Associate Dean

†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. EA _____ (Initial here)

☒ **COURSE CREDIT FOR RANGE CHANGE REQUEST:**

Course Number: 540 Dates: 9/9-11/24/20 College or University: DePaul University

Course Name: Proseminar 500 Number of Credits Earned: 4
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)

See Attached. _____
☐ Approved ☐ Not Approved _____ Date: _____
Dean/Associate 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: \$ _____

Date request sent to Accounts Payable: _____

Date request approved: _____

Date expense approved: _____

HR Approval: _____

From: Zerrudo, Maria <zerrudom@cod.edu>
Sent: Mon Jan 11 12:31:04 CST 2021
To: invoicing@cod.edu
CC:
Subject: FW: Depaul Check

From: Sekerka, Joyce <sekerkaj@cod.edu>
Sent: Monday, January 11, 2021 12:30 PM
To: Zerrudo, Maria <zerrudom@cod.edu>
Subject: Depaul Check

Hi Marivic,

Please see below. The check needs to go to this address. And, the Student ID number needs to be on the check as well.

It needs to go to the following address and it has to have my DePaul Student ID on the check which is #1975193:

DePaul University Tuition
1 East Jackson Blvd suite *9100
Chicago, IL 60604

Thanks,
Joyce
Joyce Sekerka
Accounts Payable Supervisor
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137-6599
630-942-2293
Email: sekerkaj@cod.edu



Disclosure Statement:

Information in this transmission is intended only for the person(s) to whom it is addressed and may contain privileged and/or confidential information. If you are not the intended recipient, any disclosure, copying or dissemination of the information is unauthorized and you should delete/destroy all copies and notify the sender. No liability is accepted for any unauthorized use of the information contained in this transmission.

Thanks

Marivic Zerrudo
Accounts Payable Team Leader
College of DuPage

425 Fawell Blvd | SRC 2132 | Glen Ellyn, IL 60137-6599
phone 630-942-2601 | zerrudom@cod.edu

From: Sekerka, Joyce <sekerkaj@cod.edu>
Sent: Monday, January 11, 2021 11:53 AM
To: Zerrudo, Maria <zerrudom@cod.edu>
Subject: Depaul University Check

Hi Marivic,

I need your assistance. Can you please issue a stop payment and void the check and the voucher that was issued to Depaul University back in October?

The check number is 0273295 and the voucher number is V0640636.

The invoice needs to be set up again under vendor #1010320 and the check needs to be cut on Wednesday as a Rush.

The check was originally issued to the wrong vendor, than voided and reissued again to the incorrect vendor. We need to make sure this gets out this Wednesday.

Thanks, let me know if you have any questions.
Joyce

Joyce Sekerka
Accounts Payable Supervisor
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137-6599
630-942-2293
Email: sekerkaj@cod.edu



Disclosure Statement:

Information in this transmission is intended only for the person(s) to whom it is addressed and may contain privileged and/or confidential information. If you are not the intended recipient, any disclosure, copying or dissemination of the information is unauthorized and you should delete/destroy all copies and notify the sender. No liability is accepted for any unauthorized use of the information contained in this transmission.

From: Zerrudo, Maria <zerrudom@cod.edu>
Sent: Mon Jan 11 12:02:12 CST 2021
To: invoicing@cod.edu
CC:
Subject: FW: Depaul University Check

From: Sekerka, Joyce <sekerkaj@cod.edu>
Sent: Monday, January 11, 2021 12:01 PM
To: Zerrudo, Maria <zerrudom@cod.edu>
Subject: Re: Depaul University Check

Okay, thanks. The check hasn't been cashed since it was issued in October, so I authorize it to be reissued with the circumstances surrounding the check.

Thanks,
Joyce

Joyce Sekerka
Accounts Payable Supervisor
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137-6599
630-942-2293
Email: sekerkaj@cod.edu



Disclosure Statement:

Information in this transmission is intended only for the person(s) to whom it is addressed and may contain privileged and/or confidential information. If you are not the intended recipient, any disclosure, copying or dissemination of the information is unauthorized and you should delete/destroy all copies and notify the sender. No liability is accepted for any unauthorized use of the information contained in this transmission.

From: Zerrudo, Maria
Sent: Monday, January 11, 2021 11:59:28 AM
To: Sekerka, Joyce
Subject: RE: Depaul University Check

Hi Joyce,

I will place a stop payment today and will void the check & voucher today as well since we are doing our big check run tomorrow and will re-voucher under vendor# 1010320.
Normally we wait 24 hours to void the check & voucher in Colleague after we place a stop payment but since we are doing the check process tomorrow will do all today.

From: zerrudom@cod.edu
Sent: Fri Oct 16 08:04:28 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: PD form - E. Adames

From: Adames, Elizabeth
Sent: Thursday, October 15, 2020 4:47 PM
To: Zerrudo, Maria <zerrudom@cod.edu>
Subject: RE: PD form - E. Adames

Hi –

Yes. Could you please void and re-issue. Here is the correct address:

Student Financial Accounts
1 East Jackson Blvd. Suite 9900
Chicago, IL 60604
Phone No. (312)362-8610
studentaccounts@depaul.edu

Thanks!

Liz Adames
she/her/hers
English Instructor
College of DuPage
917-355-2084 (cell)
adamese@cod.edu

From: Zerrudo, Maria <zerrudom@cod.edu>
Sent: Thursday, October 15, 2020 4:27 PM
To: Adames, Elizabeth <adamese@cod.edu>
Subject: RE: PD form - E. Adames

Since the check is still outstanding, please advise if you want this check voided and re-issued to the vendor. But will need their current and correct address.

The only address we have in the system is 804 Belden Ave., Chicago, IL 60614 and this is where the check for \$ 2,090.00 was mailed.

From: Adames, Elizabeth
Sent: Thursday, October 15, 2020 4:18 PM
To: Zerrudo, Maria <zerrudom@cod.edu>; Cassel, Adrienne <cassel@cod.edu>
Cc: Walker, Cathie <walkerm@cod.edu>
Subject: RE: PD form - E. Adames

Hi –

I reached out to DePaul and they want to know if the check cleared. If yes, on what date?

From: zerrudom@cod.edu
Sent: Wed Aug 26 08:53:00 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: Request to Use Professional Development Funds for Graduate Course - Adames, E.

From: Cassel, Adrienne
Sent: Wednesday, August 26, 2020 8:48 AM
To: Zerrudo, Maria <zerrudom@cod.edu>
Subject: FW: Request to Use Professional Development Funds for Graduate Course - Adames, E.

Here is her original email with attachments.

From: "Adames, Elizabeth" <adamese@cod.edu>
Date: Monday, August 24, 2020 at 1:51 PM
To: "Cassel, Adrienne" <cassel@cod.edu>, "Walker, Cathie" <walkerm@cod.edu>
Subject: RE: Request to Use Professional Development Funds for Graduate Course - Adames, E.

Hi Adrienne and Cathie,

I am circling back on my request to use professional development funds for my graduate work at DePaul now that I have received an invoice. It is attached as well as my original request form and explanation. Please let me know what else I need to do. Thanks for all your help!

Liz Adames
she/her/hers
English Instructor
College of DuPage
917-355-2084 (cell)
adamese@cod.edu

From: Cassel, Adrienne <cassel@cod.edu>
Sent: Wednesday, May 27, 2020 11:27 AM
To: Walker, Cathie <walkerm@cod.edu>
Cc: Adames, Elizabeth <adamese@cod.edu>
Subject: Re: Request to Use Professional Development Funds for Graduate Course - Adames, E.

Cathie,

I will need an invoice so that A/P can verify the amount. Can you send that to me?

Thanks,
Adrienne

From: "Walker, Cathie" <walkerm@cod.edu>
Date: Wednesday, May 27, 2020 at 11:13 AM
To: "Cassel, Adrienne" <cassel@cod.edu>
Cc: "Adames, Elizabeth" <adamese@cod.edu>
Subject: Request to Use Professional Development Funds for Graduate Course - Adames, E.

Hi, Adrienne,

Please process accordingly.

Thank you, Cathie

Liz Adames
Professional Development Reimbursement Request
Fall 2020

Currently, I am a matriculated student in the Writing, Rhetoric, and Discourse program at DePaul University and I have declared a concentration in teaching postsecondary writing. My coursework at DePaul will enhance my COD teaching because it will provide me additional tools and resources for working with my developmental reading and writing students. As well, this graduate work will enable me to teach additional courses at COD, including English 1101 and English 1102. This fall, I am seeking prepayment for the course entitled **Writing, Rhetoric, and Discourse 500: Proseminar**. This course provides an overview of the intellectual and scholarly traditions of the field—writing studies, rhetorical theory, and discourse theory. —as well as serves as a foundational course for the Writing, Rhetoric, and Discourse graduate program.

Professional Development and Renewal Fund 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: _____

☐ REIMBURSEMENT REQUEST or ☒ PRE-PAYMENT REQUEST†
☐ Course/Workshop/Conference ☐ Dues/Subscriptions ☐ Work Related Books ☐ Travel
☐ ΔCOD Health Club ☐ ΔCOD Wellness/Fitness Classes ☐ Δ**Non-COD Health Club/Fitness/Wellness Classes

**These are taxable to the employee

Δ These do not require approval of Dean/Associate Dean

Sponsor/College or University: _____

Title/Course Name and Number: _____ Number of Credits: _____

Date of Event: _____ Tuition, Registration, Dues, Subscription/Membership Fee, Books: \$ _____

Travel: \$ _____

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

†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)

☐ 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/Associate 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: _____

x Account #01-90-00835-52090-14: Faculty Tuition
 Account #01-90-00835-52090-18: Faculty Dues

Amount of reimbursement: \$ 2090.00

Date request sent to Accounts Payable 8/25/20

Date request approved: _____

Date expense approved: _____

HR Approval: A. [Signature]

Professional Development and Renewal Fund Request Procedure

For any reimbursement requiring payment for travel expenses, employee **MUST** use Concur. If no travel reimbursement is requested, employee may send the paper form to Human Resources for manual processing.

1. Complete the information requested on the form and have it signed by your supervisor and department authorized budget signatory.
2. Submit a request in Concur, attaching your approved Professional Development form and allocating the expenses to the appropriate funding source. (For professional development, use department 00835, function 90). *When completing your header in Concur, be sure to choose "Request Type 2" to ensure proper routing.*
3. Once approval process is complete, employee may register for the class/conference/seminar.
4. Upon completion, submit an expense report through Concur, attaching approved Professional Development form, proof of payment and proof of attendance. Allocate expenses to the appropriate funding source. *Again, be sure you choose "Report Type 2" in your header to ensure proper routing.*

For Pre-Payments:

1. Complete the information requested on the form, check the appropriate box indicating you are requesting a pre-payment, and initial the statement that is in italics underneath. Submit the request in Concur, attaching the form and invoice, and allocating the expenses to the appropriate funding source.
2. Once the approval process is complete, contact Accounts Payable to make the payment.
Please note: Concur will NOT automatically make the payment – you must contact A/P to do that.
3. Within 60 days of completion, put through an expense report in Concur, attaching Professional Development Form, proof of payment (indicating that it was "company paid") and proof of attendance. Human Resources will authorize deductions of pre-payments from payroll if evidence of completion is not submitted within 60 days.

*For pre-payments not using Concur, a check will be made payable to the sponsor/organization and will be returned to the employee.

For Health Clubs:

1. COD Fitness Center will be processed with a journal entry on behalf of the employee.
Send completed form to Human Resources for processing.
2. Non-COD Health Clubs/Fitness/Wellness classes are taxable and are processed through payroll.
Send the completed form and receipt to Human Resources for processing.

For Credit Requests, please send form with proof of attendance/completion (grade report or certificate) to Human Resources for processing.



Elizabeth Fey Adames
800 Monticello Pl
Evanston IL 60201

STATEMENT SUMMARY	
Student ID	
Statement Date	11/25/2019
Due Date	12/06/2019
TOTAL DUE	\$2,885.00

IF YOU ARE ENROLLED IN A PAYMENT PLAN, THIS IS NOT A BILL FOR THE PLAN. PLEASE ADHERE TO YOUR PAYMENT PLAN DUE DATES AND AMOUNTS ON EPAY/EBILL. Have you filed your 2020-2021 FAFSA yet? Go to: Studentaid.ed.gov. Visit EPAY/EBILL to make a payment.

*This amount may not reflect loans which you have not yet accepted.

Statement Details

TERM	DATE	DESCRIPTION	CHARGES	CREDITS
		PREVIOUS STATEMENT BALANCE	\$0.00	
		--Current Charges--		
2019-2020 Winter	11/08/2019	Tuition Graduate LA&S	\$2,860.00	
2019-2020 Winter	11/08/2019	Athletic Fee	\$25.00	
		CURRENT BALANCE	\$2,885.00	

Total Amount Due*:	\$2,885.00
--------------------	------------

Enrollment Summary

SUB-CAT NBR	LOCATION	SESS	SEC	COMP	DESCRIPTION	UNITS	STATUS
WRD 540		1	201	LEC	TEACHING WRITING	4.00	Enrolled

From: zerrudom@cod.edu
Sent: Wed Aug 26 16:58:29 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: PD form - E. Adames

From: Cassel, Adrienne
Sent: Tuesday, August 25, 2020 8:15 AM
To: Zerrudo, Maria <zerrudom@cod.edu>
Cc: Adames, Elizabeth <adamese@cod.edu>; Walker, Cathie <walkerm@cod.edu>
Subject: PD form - E. Adames

Hi Marivic,

Please process the attached pre-payment for Elizabeth Adames. The vendor number is at the top. Thanks.

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

Liz Adames
Professional Development Reimbursement Request
Fall 2020

Currently, I am a matriculated student in the Writing, Rhetoric, and Discourse program at DePaul University and I have declared a concentration in teaching postsecondary writing. My coursework at DePaul will enhance my COD teaching because it will provide me additional tools and resources for working with my developmental reading and writing students. As well, this graduate work will enable me to teach additional courses at COD, including English 1101 and English 1102. This fall, I am seeking prepayment for the course entitled **Writing, Rhetoric, and Discourse 500: Proseminar**. This course provides an overview of the intellectual and scholarly traditions of the field—writing studies, rhetorical theory, and discourse theory. —as well as serves as a foundational course for the Writing, Rhetoric, and Discourse graduate program.



Elizabeth Fey Adames
800 Monticello Pl
Evanston IL 60201

STATEMENT SUMMARY	
Student ID	
Statement Date	11/25/2019
Due Date	12/06/2019
TOTAL DUE	\$2,885.00

IF YOU ARE ENROLLED IN A PAYMENT PLAN, THIS IS NOT A BILL FOR THE PLAN. PLEASE ADHERE TO YOUR PAYMENT PLAN DUE DATES AND AMOUNTS ON EPAY/EBILL. Have you filed your 2020-2021 FAFSA yet? Go to: Studentaid.ed.gov. Visit EPAY/EBILL to make a payment.

*This amount may not reflect loans which you have not yet accepted.

Statement Details

TERM	DATE	DESCRIPTION	CHARGES	CREDITS
		PREVIOUS STATEMENT BALANCE	\$0.00	
		—Current Charges—		
2019-2020 Winter	11/08/2019	Tuition Graduate LA&S	\$2,860.00	
2019-2020 Winter	11/08/2019	Athletic Fee	\$25.00	
		CURRENT BALANCE	\$2,885.00	

Total Amount Due*:	\$2,885.00
--------------------	------------

Enrollment Summary

SUB-CAT NBR	LOCATION	SESS	SEC	COMP	DESCRIPTION	UNITS	STATUS
WRD 540		1	201	LEC	TEACHING WRITING	4.00	Enrolled

Professional Development and Renewal Fund Request Procedure

For any reimbursement requiring payment for travel expenses, employee **MUST** use Concur. If no travel reimbursement is requested, employee may send the paper form to Human Resources for manual processing.

1. Complete the information requested on the form and have it signed by your supervisor and department authorized budget signatory.
2. Submit a request in Concur, attaching your approved Professional Development form and allocating the expenses to the appropriate funding source. (For professional development, use department 00835, function 90). *When completing your header in Concur, be sure to choose "Request Type 2" to ensure proper routing.*
3. Once approval process is complete, employee may register for the class/conference/seminar.
4. Upon completion, submit an expense report through Concur, attaching approved Professional Development form, proof of payment and proof of attendance. Allocate expenses to the appropriate funding source. *Again, be sure you choose "Report Type 2" in your header to ensure proper routing.*

For Pre-Payments:

1. Complete the information requested on the form, check the appropriate box indicating you are requesting a pre-payment, and initial the statement that is in italics underneath. Submit the request in Concur, attaching the form and invoice, and allocating the expenses to the appropriate funding source.
2. Once the approval process is complete, contact Accounts Payable to make the payment.
Please note: Concur will NOT automatically make the payment – you must contact A/P to do that.
3. Within 60 days of completion, put through an expense report in Concur, attaching Professional Development Form, proof of payment (indicating that it was "company paid") and proof of attendance. Human Resources will authorize deductions of pre-payments from payroll if evidence of completion is not submitted within 60 days.

*For pre-payments not using Concur, a check will be made payable to the sponsor/organization and will be returned to the employee.

For Health Clubs:

1. COD Fitness Center will be processed with a journal entry on behalf of the employee.
Send completed form to Human Resources for processing.
2. Non-COD Health Clubs/Fitness/Wellness classes are taxable and are processed through payroll.
Send the completed form and receipt to Human Resources for processing.

For Credit Requests, please send form with proof of attendance/completion (grade report or certificate) to Human Resources for processing.

Thanks,

Liz Adames
she/her/hers
English Instructor
College of DuPage
917-355-2084 (cell)
adamese@cod.edu

From: Zerrudo, Maria <zerrudom@cod.edu>
Sent: Thursday, October 15, 2020 12:35 PM
To: Cassel, Adrienne <cassel@cod.edu>
Cc: Adames, Elizabeth <adamese@cod.edu>; Walker, Cathie <walkerm@cod.edu>
Subject: FW: PD form - E. Adames

Hi,

So the payment was for DePaul University and not to Liz.

The check in the amount of \$2,090.00 was cut on 9/15/20, check no. 0272442. It was mailed to DePaul University to the address we have in the system.

Please confirm the vendor's correct address. I can place a stop payment and re-issue but if it will be sent to the same address they probably won't get it in the mail.

Will wait for the correct address before I do anything with the check.

Thank you

Marivic Zerrudo
Accounts Payable Team Leader
College of DuPage
425 Fawell Blvd | SRC 2132 | Glen Ellyn, IL 60137-6599
phone 630-942-2601 | zerrudom@cod.edu

From: Walker, Cathie
Sent: Thursday, October 15, 2020 12:24 PM
To: Zerrudo, Maria <zerrudom@cod.edu>; Cassel, Adrienne <cassel@cod.edu>
Subject: FW: PD form - E. Adames

Hi,

I have the original attached. Liz received notice from DePaul that this was not paid. The request for payment was made in August.

Please advise to why this wasn't paid.

Thank you, Cathie

From: Cassel, Adrienne <cassel@cod.edu>
Sent: Thursday, October 15, 2020 12:03 PM
To: Zerrudo, Maria <zerrudom@cod.edu>
Cc: Walker, Cathie <walkerm@cod.edu>
Subject: PD form - E. Adames

Marivic,

Cathie said the form was blank when she opened it, so I'm sending again. It's all filled out for me. Hope this works. If not, I can scan it to you using my phone. Let me know.

Adrienne

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