

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1417381

Vendor Name: Indiana University

Invoice Number: EM-PELE120920

Invoice Date: 12/09/20

PO Number:

Check Number: 0275724

Check Amount: \$ 900.00

Check Date: 01/12/2021

Department ID:

Reviewer Name:

Voucher Number: V0656600

Redaction Type: Other

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

Document Below

From: cruseb199@cod.edu
Sent: Wed Dec 09 12:12:10 CST 2020
To: invoicing@cod.edu
CC:
Subject: FW: PD form - E. Pelzer

From: Cassel, Adrienne <cassel@cod.edu>
Sent: Wednesday, December 9, 2020 11:21 AM
To: Cruse, Bethany <cruseb199@cod.edu>
Cc: Pelzer, Flyse <periel@cod.edu>

Adrienne

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

Human Resources

Please refer to the "Concur Professional Development Procedure" in the Forms Library to complete your request/expense.

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.

Please attach copy of completed registration form (circle amount requesting).

College/University/Seminar Sponsor

Indiana University

Student Central 408 North Union Street Bloomington, IN 47405

Address (if requesting a **Pre-Payment**)

Name of Course/s

EDUC-D 525 - INTRO TO DE SYSTEMS IN ADLT ED

Date class begins/Date class ends

1/19/2021 / 5/7/2021

Is course job related? ☒ Yes ☐ No

Describe how course is job related:

Required course of Masters in Adult Education program

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) \$ 900.00

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

☐ **COD Health Club** \$ _____

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

*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. E.P. _____ (Initial here)

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

REQUIRED ☐ Approved

Margaret Hernandez 12.8.2020
SUPERVISOR'S SIGNATURE DATE

Diane Szakonyi Digitally signed by Diane Szakonyi
Date: 2020.12.08 12:21:29 -06'00'

DEPARTMENT'S AUTHORIZED BUDGET SIGNATURE DATE

A. Cissel

COMPENSATION SPECIALIST

HUMAN RESOURCES OFFICE USE ONLY

Amount of Payment: \$ 900.00

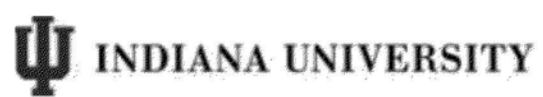
Account #01-90-00835-52090-17 FY 21

Date request sent to Accounts Payable: 12/9/20

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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