

**Information:**

**Drawer:** Accounts Payable - Invoices **Vendor Number:** 1717562 **Vendor Name:** Littler Mendelson PC

**Check Details:**

**Check Number:** E0110727 **Check Amount:** \$ 350.00 **Check Date:** 11/25/2025

**Invoice Details:**

**Invoice Number:** EM-CAMA110325 **Invoice Date:** 11/3/2025 **PO Number:** NULL **Voucher Number:** V0914220

**Document Type:** AP Invoice

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**Document Below**

## Professional Development Request for Administrators

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: Alma Camarena Colleague ID#: \_\_\_\_\_

Department: HR Extension: \_\_\_\_\_ Date: 10/24/2025

☐ REIMBURSEMENT REQUEST or ☒ PRE-PAYMENT REQUEST†

- ☒ Course/ Workshop/Conference
 ☐ Dues/Subscriptions
 ☐ Work Related Books
 ☐ Travel\*
- ☐ COD Health Club
 ☐ COD non-credit classes including wellness/fitness classes
- ☐ \*\*Non-COD Health Club
 ☐ \*\*Non-COD Fitness/Wellness Classes

*\*\*These are taxable to the employee*

Title/Sponsor: A Littler Master Class in Mastering Defensible Corrective Action

Date of Event: 12/04/2025 Tuition, Registration, Dues, Subscription Fee: \$ 350

Is this job related: ☒ Yes ☐ No Travel: \$ 0

☒ Approved ☐ Not Approved: Ellen M. Roberts Digitally signed by Ellen M. Roberts  
Date: 2025.11.03 16:02:51 -06'00' Date: 11.3.2025  
API/APS Signature

*\*Effective August 2012, up to \$600.00 per year (of the \$1850.00) 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.** AC (Initial here)

**Return this signed form along with attachments showing proof of payment  
and/or proof of satisfactory completion to Human Resources.**

### HR USE ONLY

Amount of reimbursement: \$ _____	Date request sent to Accounts Payable: _____
Date request approved: _____	Date expense approved: _____
HR Approval: _____	Account #01-90-00835-52090-15: Administrator Tuition Account #01-90-00835-52090-20: Administrator Dues



**Littler Mendelson, PC**  
2301 McGee Street  
7th Floor  
Kansas City, MO 64108

## EVENT INVOICE

### PAYMENT FOR

#### Contact information

Name: Alma Camarena  
Company name: College of DuPage  
Email address: [camarenaa235@cod.edu](mailto:camarenaa235@cod.edu)

#### Billing address

Street: 425 Fawell Blvd  
City: Glen Ellyn State: IL  
Zip Code: 60137  
Country: USA

**Description:** Discipline that Sticks: A Littler Master Class in  
Mastering Defensible Corrective Action

**Qty:** 1

**Price:** \$350.00

**To complete your registration, please print this invoice and send with a check to:**

Littler Mendelson PC  
c/o Wells Fargo Bank  
Attn: Discipline that Sticks Littler Master Class  
P.O. Box 207137  
Dallas, TX 75320-7137

"Fay, Marianne" <faym296@cod.edu>

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**For processing - PD with Littler Invoice**

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"Fay, Marianne" <faym296@cod.edu>

Tue, Nov 18, 2025 at 04:58 PM UTC

CC: Camarena, Alma <camarenaa235@cod.edu>

BCC:

Good morning:

Please process the attached for pre-payment. An approved request has been entered into Concur.

Thank you,

Marianne

**Marianne Fay**

**Department Administrative Assistant – Human Resources**

College of DuPage 425 Fawell Blvd SRC 2134 Glen Ellyn, IL 60137

630-942-4272 (phone)

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**2 attachments**

Signed PD Form and Littler invoice.pdf

image001.png