

APPLICATION FOR APPROVAL OF REIMBURSED TRAINING EXPENSES
(PLEASE PRINT)

Employee Name _____ Employee # _____ Dept. _____
_____ given by _____
(Title of Course) _____ (Name of Institution) _____
Course Description: _____
_____ to _____
(Date begins) _____ (Date ends) _____
Approximate amount of reimbursement \$ _____
Reason for request: _____
Employee Signature _____ Date _____

APPROVALS: (Required prior to training)

Supervisor Recommended	Yes _____ No _____	_____
		Signature
Department Head Approval	Yes _____ No _____	_____
		Signature
Human Resources Director Approval	Yes _____ No _____	_____
		Signature

		Date

TO BE SUBMITTED BY EMPLOYEE AFTER SUCCESSFUL COMPLETION OF COURSE
(Please submit receipts and certification of course completion)

Amount of actual reimbursement: \$ _____
Payment requested: Employee Signature _____
Payment Recommended: Human Resources Director _____
Payment Approved: Finance Director _____
Account Number _____ 199-910-4509 _____

Distribution:

Prior to Training
All copies: Human Resources

After Training
White: Human Resources
Yellow: Accounts Payable
Pink: Employee