

10/28/10

**U.S. DEPARTMENT OF ENERGY
CONSOLIDATED BUSINESS CENTER
REIMBURSEMENT VOUCHER FOR PROFESSIONAL CREDENTIAL EXPENSES**

Payee's Name: _____

Finance Only - Payment Information

Mailing Address: _____

Organization Sponsoring
Training/Certification: _____

Course Title: _____ Training Date(s): _____

Training/License/Certification From: _____ To: _____

Membership or License Number: _____

Provide only costs which are to be reimbursed directly to you.

REIMBURSEMENT POLICY

- For reimbursement** – complete this form and submit to Training – Attn: Carolyn Roehrig, along with the following:
1. Copy of certificate showing class satisfactorily/successfully completed.
 2. Applicable receipts for professional credentials payment. (Payable under Section 1112 of Public Law 107-107 National Defense Authorization Act of 2002 and DOE Directive – under review.)

Note: The **Employee** is responsible for any taxes associated with this type of reimbursement (non-cash fringe benefits).

ITEM	COST
LICENSE FEE	
EXAM FEE	
OTHER	
TOTAL	

Employee Signature _____
Date

Immediate or First Level Supervisor Signature _____
Date

Site Manager's Signature (If applicable) _____
Date

EMCBC Director or the Director' Designee Signature _____
Date

Human Resource – Training – Signature _____
Date

For Training/Finance Division Use Only:

Payment Policy

TR _____
B&R _____

Reimbursement

Date submitted for reimbursement – _____

Budget – B. Peavey _____ D. Platt _____ J. Sellards _____ A. Cobb _____

Copy to: Finance – S. Nichols _____ STARS M# _____