

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

Payee's Name: _____

Mailing Address: _____

Organization Sponsoring Training: _____

Expense: _____

Training/License/Certification From: _____ To: _____

Membership or License Number: _____

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

ITEM	COST
LICENSE FEE	
EXAM FEE	
OTHER	
TOTAL	

REIMBURSEMENT POLICY

- For reimbursement** – complete this form and submit to Training – Attn: Natalie Younger, 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).

_____ Employee Signature	_____ Date
_____ Immediate Supervisor Signature	_____ Date
_____ EMCBC Director or Designee Signature	_____ Date
_____ Human Resource – Training – Signature	_____ Date

For Training/Finance Division Use Only:
 STARS "M#" _____
 Accounting Code: _____

Payment Policy
 _____ Prepay _____ Reimbursement

Date submitted for reimbursement – _____ **Copy to: Finance – S. Nichols**
 (check one) Budget – B. Peavy _____ D. Platt - _____ A. Cobb _____ J. Sellards _____

Funds Certifying Official **Date**