

IMPORTANT! Make copies of your certifications for your records! Do NOT turn in this sheet unless you have ATTACHED a copy of the class certification or a receipt for the cost of the class!

(Make copies of this form for future use)

REIMBURSEMENT FORM

Employee's Name: _____ Consumer's Name: _____

Do you work for other Consumers? YES / NO (circle one)

This form must be submitted within 30 days of take a class. This form must have a copy of the certifications attached.

REQUIRED TRAINING (class): Reimbursement for the cost of a training class can only be reimbursed if there is room in the budget. Please have your employer check with their Fiscal Intermediary BEFORE taking the class.

This form must be filled out ENTIRELY AND SIGNED BY BOTH THE EMPLOYER AND EMPLOYEE TO BE VALID. We cannot reimburse for any costs if this form is not filled out properly or if there is not a signed receipt along with the name and phone number of the training site.

Training	Cost	Hours Attended	Receipt Included	Notes
1 – Recipient Rights	\$0			Trained by the County
2 – First Aid*				*Must be American Heart or Red Cross sponsored
3 – CPR*				*Must be American Heart or Red Cross sponsored
4 – Bloodborne	\$0			plp.mivu.org
5 –				
6 –				
7 –				
8 –				
9 –				
10 –				
Total Cost of Classes				
Total Amount of Hours				

Employer Signature: _____ Employee Signature: _____

For Office Use Only

Reimbursed on: _____

Date: _____

FI Initials: _____

App'd by: _____