



FOR SETA STAFF ONLY

Request for Professional License, Permit, or Credential Reimbursement

Contact Information

Applicant Name: _____ Email Address: _____
Home Address: _____ Job Class: _____
Agency: _____ Home Phone: _____
Job Site: _____ Work Phone: _____
Direct Supervisor's Name: _____
Professional License, Permit, or Credential Acquired: _____

Amount Requested for Reimbursement: \$ _____

- Reimbursement shall only be provided once per grant period.

Documentation Needed for Reimbursement (to be submitted with this form):

- o Documentation for professional license, permit, or credential acquired showing cost
o Proof of payment (e.g., original receipt for payment or canceled check)

Applicant's Signature: _____ Date: _____
Supervisor/Program Officer/Manager's Signature (pre-approval): _____ Date: _____

For reimbursement, please forward all documents to the Fiscal Department, SETA, 925 Del Paso Blvd., Suite 100, Sacramento, CA 95815 - Attention: Vera Cherednichenko

FOR OFFICE USE ONLY

HS or EHS Amount: _____
(please circle one)

General Ledger#: 20203700

APPROVED: _____ Date _____
Program Manager
_____ Date _____
Purchasing Analyst Supervisor

For Information or Assistance, Contact Fiscal Department at (916) 263-4107 or (916) 263-1388 Fax (916) 263-6124