

Request for Reimbursement Form

Attach the following items: (failure to attach needed items or complete this form will delay processing)

- Receipt of payment for ALL Trainings/Conferences/Membership Fees
- Certificate of Completion or New Membership Certificate
- For Conference Registrations – include a paragraph of what you learned
- Complete all applicable sections of this form.

NOTE: People applying for reimbursement must work for a SR or VPK Contracted legally operating childcare provider with the Early Learning Coalition of Marion County.

Applicant Name:	Employed by:
Applicant Address:	
City, State, Zip:	
<p style="color: red; font-size: small;"><i>Please check with your employer before submitting the form. Your employer must be contracted with the ELC of Marion County for school readiness and/or VPK for you to be eligible for reimbursement.</i></p>	
Phone Number:	Email Address:

Conference/Training Information (List up to 3 Trainings on this form)

*** combined cost of all reimbursement requests cannot exceed \$300***

Conference/Training Title:	Cost: (Max \$300)
Training/Conference Date(s):	
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Training/Conference Date(s):	

Complete the next section only if you are applying for 50% Reimbursement of Individual Membership Fee in an Approved Professional Organization

Professional Organization Name:	
Registration Fee: (eligible for 50% of total fees) \$	Coalition Staff Only: Amount Reimbursed:

By signing this application, I verify that I:

- ✓ Read and understand the Professional Development Reimbursement Policy and accompanying procedure (available at www.elc-marion.org).
- ✓ Understand that this reimbursement request must be submitted by June 15th of the current fiscal year (July 1st to June 30th).
- ✓ Understand that this is an application for reimbursement, and that reimbursement is contingent on adherence to the policy listed above as well as available funding.
- ✓ Understand that reimbursement will be made in the form of a check and will be made out to the entity listed on the proof of payment turned in to ELCMC with all required back up documentation.
- ✓ The conference, training, or professional organization directly supports quality early education for children.
- ✓ **Have NOT received reimbursement or a scholarship for this training from any other source or entity**

NOTE – MUST ATTACH A COMPLETED W-9 (attached to this form)

Applicant Signature: _____ Date: _____

Check this box if you authorize your employer to receive the reimbursement on your behalf. (This option is utilized when the employer pays for the training on behalf of the staff member)

COALITION USE ONLY	
Application Received on _____	Approved _____ Denied - Reason _____
Staff Signature: _____	

Reimbursement Payment Method: Please check box below to indicate preferred reimbursement payment method. (If direct deposit is preferred payment method please complete direct deposit form and submit with completed reimbursement and W-9 forms.)

Direct Deposit
(See attached Direct Deposit Form)

Check by Mail