

Complete this form to request (or be reimbursed) for memberships, subscriptions, or licenses.

- Complete & sign this form (if requesting reimbursement include receipts)
- Submit the completed form to your supervisor
- Wait 6-8 weeks for approval

EMPLOYEE INFORMATION

Name: _____ Title: _____ Employee ID: _____

Service Line: _____ Supervisor: _____ Phone Number: _____

REQUEST INFORMATION

Name of Organization: _____ Duration of Request: _____

 membership subscription professional / occupational license other: _____**JUSTIFICATION**

Describe the benefits of this membership, subscription, or license to your service line.

List the names of other city employees with the same membership, subscription, or license (For potential discount purposes).

COST

G/L Account: _____ Cost Center: _____ Fund Number: _____

Amount Funded: _____ Verified By: _____ Paid with PCard (circle) Yes No

APPROVALS

Employee: _____ Date: _____

Supervisor: _____ Date: _____

Director: _____ Date: _____