Attachment B-2

TRAINING REIMBURSEMENT REQUEST
POST AUTOMATED REIMBURSEMENT SYSTEM

State of California — Department of Justice
COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING
1601 Alhambra Boulevard
Sacramento, California 95816-7083

This form must be completed by a participating reimbursable agency to request reimbursement for an employee(s) attending a POST-certified course. A separate form must be completed for each course attended.

THIS FORM MUST BE PRESENTED TO THE COURSE COORDINATOR/INSTRUCTOR ON OR BEFORE THE FIRST DAY OF TRAINING.

A. AGENCY	B. CERTIFIED COURSE TITLE	C. COURSE CONTROL NUMBER

COMPLETE THIS SECTION IN ITS ENTIRETY

	D. NAME OF TRAINEE(S) (LAST) (FIRST) (M.I.)	E. SOCIAL SECURITY NUMBER	F. TRAINEE STATUS (CHECK ONE)				G. (CHECK ONE)	H.	I. TRANS-PORTATION (CHECK ONE)			J. ALLOWANCE REQUESTED			K. STATION ASSIGNED OTHER THAN HEADQUARTERS
			PEACE OFFICER	RESERVE OFFICER	DISPATCHER	NON-PEACE OF FICER	RESIDENT TRAINEE	COMMUTER TRAINEE	DRIVER OF VEHICLE	PASSENGER IN VEHICLE	OTHER	SUBSISTENCE	COMMUTER LUNCH	TRAVEL	
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DELETED

I attest that I am a duly authorized official of the herein-named agency requesting reimbursement and to the best of my knowledge the information stated above is true and correct and in conformance with Commission Regulations. I also attest that each trainee for whom reimbursement is requested will attend the POST-certified course named above in an on-duty status of employment and that each trainee listed is a full-time paid employee of the herein-named agency. This agency will pay expenses for subsistence, commuter lunch, travel and tuition associated with the course, as requested for each trainee listed on this form.

L. SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL	M. PRINT NAME OF PERSON COMPLETING FORM	N. TELEPHONE NO.	O. DATE
		( )	

FOR POST USE ONLY

COMMENT	AGENCY CONTACTED	AMOUNT PAYABLE
	☐ YES ☐ NO	

POST 2-273 (Rev. 8/93)

Instructions on Reverse