

Submitting a POST Presenter Reimbursement Request (PRR) Form 2-243

Upon completion of each presentation, submit the following:

- **Original Signed** [Presenter Reimbursement Request Form 2-243](#)

State of California – Department of Justice

PRESENTER REIMBURSEMENT REQUEST (PRR)

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Commission on

Peace Officer Standards and Training (POST)

860 Stillwater Road, Suite 100
West Sacramento, CA 95605-1630

INSTRUCTIONS

- This form must be completed by a presenter of a POST certified training course to request reimbursement for training presentation costs per [Commission Regulation 1015\(c\)\(1\)-\(2\)](#) and [Procedure E-2-2 Plan V](#).
- A separate form must be completed for each course presented.
- Attach the course budget of actual expenses listing all related costs which have been monitored and approved by the POST Program Manager.

Note: Presenter Reimbursement Requests are subject to audit by the State Controller's Office. The presenter is advised to keep all documentation to support incurred expenses.

- Attach the course roster.
- Mail completed form with the course budget and course roster to the address above – Attn: Accounting.

SECTION A: REIMBURSEMENT INFORMATION

1. PRESENTER

█

2. CERTIFIED COURSE TITLE

█

3. COURSE CONTROL NUMBER

█

4. COURSE PRESENTATION DATES MM/DD/YYYY

START: █ END: █

5. COURSE LOCATION

STREET: █

City: █

Zip: █

- Approved **EDI Course Budget**

- **Actual Expenses** in a spreadsheet format. Include all *Travel receipts* (hotel, airfare, & car rental) as attachments. *Supplies and Equipment* receipts are not necessary.

- **Course Roster** from EDI

State of California - Department of Justice

Course Roster

This document does not need to be mailed to POST.
It is provided as a convenience only.

COMMISSION ON POST
860 Stillwater Road, Suite 100
West Sacramento, CA 95605-1630

COURSE CONTROL NUMBER	COURSE TITLE	COURSE PRESENTER				COURSE PRESENTATION DATES					
		FROM	TO	COURSE HOURS ATTENDED	COURSE COMPLETE	PC 832 CODE	COMMENTS				
9180-99999-19-001	MELANIE DUNN TEST -	COMMISSION ON PEACE OFFICER STANDARDS AND TRN.				11/25/19	11/25/19				
NAME OF TRAINEE (LAST, FIRST, M.I.)	POST ID	PEACE OFFICER	RESERVE OFFICER	DIS-PATCHER	NONFACE OFFICER	DEPARTMENT OR AGENCY					
1.											
2.											
3.											
4.											
5.											
6.											
7.											

- Submit completed package to invoicereceived@post.ca.gov or mail to:

Commission on POST, Accounting
860 Stillwater Road, Suite 100
West Sacramento, CA 95605-1630