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.

- 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. Travel related expenses shall be supported by copies of receipts for each individual traveler.

  **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.

- Submit completed form with the course budget and course roster to invoicereceived@post.ca.gov.

### 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:

6. REIMBURSEMENT CHECK PAYABLE TO

7. REMITTANCE ADDRESS

   STREET:                                        City:                                        Zip:

### SECTION B:  ATTESTATION

I attest that I am a duly authorized official of the herein-named presenter requesting reimbursement. To the best of my knowledge the information stated on this form is true, correct, and in conformance with Commission Regulations.

| 8. SIGNATURE OF AUTHORIZED OFFICIAL | 9. DATE OF REQUEST (MM/DD/YYYY) |
|---|---|

10. NAME AND TITLE OF AUTHORIZED OFFICIAL

   Name:                                        Title:

| 11. PHONE | 12. EMAIL |
|---|---|
| (     )     - | |

13. SUBVENTIONS:

   The presenter received subventions from          in the amount of $          .

| 14. TOTAL COURSE COST | **LESS** | TOTAL SUBVENTIONS RECEIVED | **=** | **TOTAL REIMBURSEMENT AMOUNT** |
|---|---|---|---|---|
| $ | | $ | | **$** |

Presenters participating in the POST Reimbursement Program are required to complete the Presenter Reimbursement Request form in order to receive POST Plan V and VI and VII reimbursement.

## SECTION A: REIMBURSEMENT INFORMATION

1. **Presenter:** Enter the name of the participating reimbursable agency or entity submitting the request for reimbursement.

2. **Certified Course Title:** The certified course title must be the same as shown in the Certified Course Catalog.

3. **Course Control Number:** Enter the course control number, as reflected in EDI.

4. **Course Presentation Date(s):** Enter the date(s) the course started and ended.

5. **Course Location:** Enter the physical location where the course was held.

6. **Reimbursement Check Payable to:** Enter the name of the Agency or Entity to whom the check will be payable.

7. **Remittance Address:** Enter the mailing address where the check will be sent.

## SECTION B: ATTESTATION

8. **Signature of Authorized Official:** The authorized official of the Agency or Entity must sign his or her full name.

9. **Date of Request:** Enter the date the authorized official signed the attestation.

10. **Name and Title of Authorized Official:** The authorized official of the Agency or Entity must print his or her full name and title.

11. **Phone:** Enter the complete phone number, including area code and extension, of the person to contact regarding questions on the form.

12. **Email:** Enter the complete email address of the person to contact regarding questions on the form.

13. **Subventions:** Enter who the subvention was from and the subvention amount to be deducted from the total course costs; leave blank if not applicable.

14. **Total Reimbursement Amount:** Enter the total course cost, total subventions received, and the reimbursement amount due to your Agency or Entity.

**NOTE:**  Submit completed form with the course budget and course roster to invoicereceived@post.ca.gov for reimbursement. Keep copies of this form, the course budget, and course roster along with the following documentation to support incurred expenses for your records and auditing purposes.

1. Facilitator and clerical salary records.
2. Coordinators and Instructors travel expenses (plane tickets receipts, private vehicle mileage paid, lodging and meals receipts).
3. Receipts for course materials, supplies and equipment; course facility costs (classroom, computer lab and breakout rooms).

**Retain these records for a minimum of three years from the date of the course presentation.**