

**CONTRACT REIMBURSEMENT REQUEST (CRR)**

**INSTRUCTIONS**

- This form must be completed by a presenter of a POST certified training course to request reimbursement for training presentation costs for contracted course presentations.
- DO NOT complete the form below for equipment-only purchases from the contract agreement.
- A separate form must be completed for each course/module presented.
- Attach the cost worksheet of actual expenses listing all related costs which are listed in the contract agreement and approved by the POST Program Manager. Records for Travel and other related expenses shall be maintained in accordance with the contract agreement.

**Note: 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 cost worksheet, course roster, and invoice to [invoicereceived@post.ca.gov](mailto:invoicereceived@post.ca.gov).

**SECTION A: REIMBURSEMENT INFORMATION**

|   |     |                                      |     |
|---|-----|--------------------------------------|-----|
| 1. AGREEMENT NUMBER                     |     | 2. PRESENTER                         |     |
| 3. PROGRAM                              |     | 4. CERTIFIED COURSE TITLE (FROM EDI) |     |
| 5. COURSE CONTROL NUMBER                |     | 6. INVOICE NUMBER                    |     |
| 7. COURSE PRESENTATION DATES MM/DD/YYYY |     | 8. NUMBER OF STUDENTS TRAINED        |     |
| Start                                   | End |                                      |     |
| 9. COURSE LOCATION                      |     |                                      |     |
| Street                                  |     | City                                 | Zip |
| 10. REIMBURSEMENT CHECK PAYABLE TO      |     |                                      |     |
| 11. 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.

|   |  |                                  |  |
|---|--|----------------------------------|--|
| 12. SIGNATURE OF AUTHORIZED OFFICIAL      |  | 13. DATE OF REQUEST (MM/DD/YYYY) |  |
| 14. NAME AND TITLE OF AUTHORIZED OFFICIAL |  |                                  |  |
| Name:                                     |  | Title:                           |  |
| 15. PHONE                                 |  | 16. EMAIL                        |  |
| ( ) -                                     |  |                                  |  |
| 17. TUITION:                              |  |                                  |  |
| The presenter received tuition from       |  | in the amount of                 |  |

|                       |             |                                     |                            |
|-----------------------|-------------|-------------------------------------|----------------------------|
| 18. TOTAL COURSE COST | <b>LESS</b> | TOTAL SUBVENTION/TUITION RECEIVED = | <b>TOTAL REIMBURSEMENT</b> |
| \$                    |             | \$                                  | \$                         |

**Detailed Instructions for POST Form 2-368**  
**CONTRACT REIMBURSEMENT REQUEST (CRR)**

[Return to Form](#)

POST 2-368 (06/2025)

Page 2 of 2

Presenters requesting reimbursement for a POST contract, are required to complete the Contract Reimbursement Request form.

**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. **Tuition:** Enter the tuition that was received from non POST reimbursable agencies, that is stated in your contract, this amount is to be deducted from the total course costs; leave blank if not applicable.
15. **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](mailto: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.**





Detailed Instructions for POST Form 2-368 (Section 2)

**INVOICE BUDGET BREAKDOWN WORKSHEET**

POST 2-368 (06/2025)

**HEADER SECTION**

1. **Contract/Agreement** Number: Enter the number assigned to the agreement or contract for this work.
  2. **Course** Name: Provide the name of the course, program, or project the budget applies to.
  3. **CCN** (Course Control Number): Fill in the unique identifier for the course if applicable.
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**SECTION 1: PERSONNEL**

List all individuals being paid for their time under this agreement.

1. **Title:** Job title (e.g., Instructor, Coordinator, Admin Assistant).
2. **Name:** Full name of the individual.
3. **Hours:** Total number of hours worked or estimated to be worked.
4. **Rate:** Hourly pay rate.
5. **Quantity:** Typically, 1 unless duplicating entries or multiple services from the same person.
6. **Approved** Budget: Enter the amount that has been pre-approved for each individual's services.

Repeat rows for additional personnel as needed.

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**SECTION 2: TRAVEL AND PER DIEM**

Include travel-related expenses for personnel.

1. **Title:** Role of the traveler (e.g., Instructor, Coordinator).
2. **Name:** Traveler's name.
3. **Amount:** Cost of travel or per diem (meals, lodging, mileage, airfare, etc.).
4. **Approved** Budget: Pre-approved amount for each travel-related line item.

If additional space is needed, attach a separate breakdown.

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**SECTION 3: INDIRECT COSTS**

These are overhead or administrative costs applied to personnel and travel/per diem.

1. **Total** Personnel + Travel/Per Diem: Auto-filled or manually entered from totals above.
  2. **Percentage:** Enter the indirect cost rate as a decimal (e.g., 15% = 0.15).
  3. **Approved** Budget: Enter the maximum allowable amount for indirect costs per contract.
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**SECTION 4: SUPPLIES**

1. **Supply detail breakdown should be provided on page 2.** The total from that breakdown will autopopulate here.
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**SECTION 5: FACILITIES**

Capture costs related to using space, internet, AV equipment, technical support, and related items.

1. **Item:** Name of the facility/resource (e.g., Conference Room, Projector).
  2. **Amount:** Cost per item or usage period.
  3. **Quantity:** Number of units or rental days.
  4. **Approved** Budget: Enter pre-approved budget amount for each item.
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**SECTION 6: SUBVENTIONS/TUITION**

Used when tuition or external funding subsidies are involved.

1. **Item:** Identify whether the entry is Subvention (e.g., EX: FTES - Full-Time Equivalent Students) or Tuition.
  2. **Amount:** Cost per student or per unit as a negative number (e.g., -5,000).
  3. **Quantity:** Number of students or units.
  4. **Approved** Budget: Approved amount per contract.
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**Presentation Total:** Automatically sums up totals from Personnel, Travel and Per Diem, Indirect Costs, Facilities, and Subventions/Tuition.

**Remaining Budget Balance:** Automatically calculates the approved budget minus the presentation total.