



Food Protection Manager Certificate Reimbursement Policy and Request Form

An individual listed on the Industry Experience Roster in the Crafts Service classification for Motion Picture Studio Grips, Local #80 is eligible for reimbursement for the costs associated with completing the Los Angeles County or nationally accredited Food Protection Manager Certificate training course and passing the associated Food Protection Manager Certification examination.

Contract Services will reimburse each eligible individual up to \$125.00 for taking the course and receiving a Food Protection Manager Certificate. Contract Services will only reimburse for the actual costs of taking the course and receiving the certificate. Contract Services will not pay for parking, meals, mileage or any other such expenses.

In order to be reimbursed, you must provide Contract Services with sufficient documentation to substantiate that you are eligible for reimbursement and incurred the expense for which you are seeking reimbursement. Such documentation must be submitted to Contract Services within forty-five (45) days of the expense payment. Certificate fee(s) will not be reimbursed more frequently than the life of the certificate (generally, the certificate is good for a five-year period).

Please submit this completed form along with the following items:

1. Copy of accredited Food Protection Manager Certificate
2. Copy of receipt, invoice and/or statement reflecting fee(s)
3. Proof of payment (copy of your credit card receipt, credit card statement, or the front and back of canceled check)

This program is an "accountable plan" as provided in Internal Revenue Code Section 62(a)(2)(A) and the Treasury Regulations promulgated thereunder. To receive reimbursement for your eligible employment-related expenses, you must meet several requirements. You will be required to return to Contract Services within a reasonable time any excess reimbursement that is made to you in the event of any inadvertent overpayment.

Local/Classification:		
Local #80	Job Classification:	
Personal & Contact Information:		
First Name:	Middle Name:	
Last Name:	Suffix (<i>Jr., Sr., II, etc.</i>):	Last 4 of SSN:
Mailing Address:		Unit # (<i>Apt., Ste., etc.</i>):
City:	State:	ZIP Code:
Country (<i>if not United States</i>):		
Cell Phone:	Home Phone:	
Email Address:		

I have read and understood the reimbursement policy and hereby agree to abide by all the terms and conditions contained therein.

Signature: _____ **Date:** _____

You may submit your request for reimbursement with documentation in person, by mail, fax or email to roster@csatf.org. Please allow 4-6 weeks for processing your reimbursement request.

Contract Services — Attention: Reimbursements

2710 Winona Avenue
Burbank, CA 91504

Phone Number: 818.565.0550 ext. 2120

Fax Number: 818.565.0535

Staff (for office use only):				
<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	Receipt Amount: \$	Reimbursement Amount: \$	Code:
Approved By (Initials & Date):		Supervisor (Initials & Date):	Director (Initials & Date):	



L80_REIMB-1