



2021/2022 Unrestricted Enrollment Reimbursement Policy and Request Form

In order to be reimbursed, you must provide Contract Services with sufficient documentation to substantiate that you are eligible for reimbursement and that you incurred the expense for which you are seeking reimbursement.

This program, which is administered by Contract Services on behalf of your employers, has been created to provide reimbursements to you (or payments to vendors) for certain eligible training expenses that you incur in connection with your employment. This program is an "accountable plan" as provided in Internal Revenue Code Section 62(a) (2) (A) and the Treasury Regulations promulgated there under. To receive reimbursement for your eligible employment related expenses (or for the vendors providing you with training), you must meet several requirements. You will be required to return to Contract Services within a reasonable time after you discover the error, any excess reimbursement that is made to you in the event of any inadvertent overpayment.

- 100% Reimbursement of course cost may be reimbursed if all conditions are met.
- Both your application and the course must have been pre-approved by Contract Services.
- The entire course must be successfully completed. Incomplete/unsuccessfully completed courses will not be reimbursed.
- One "Reimbursement Policy and Request Form" must be submitted for each course.
- Reimbursement requests must be completed and submitted with supporting documentation within forty-five (45) days after course completion date.
- Receipts for cash payments are not eligible for reimbursement.

Submit one signed form per course and return it with the following items:

1. Certificate of Completion issued by the vendor that includes the course description and vendor's name or a letter from the vendor indicating successful course completion.
2. Proof of Payment: Copy of your credit card receipt/credit card statement (must include account owner's name) with the transaction line item reflecting the charges, or the front and back of canceled check and additional information if requested.
3. Copy of the vendor invoice or a copy of the course attendance record.

Please allow 2-4 weeks for processing.

Print all information completely and legibly. Personal information will be updated accordingly.

Name: _____ Last four digits of SSN*: _____

*First time applicants must provide full SSN

Local Union: _____ Job Title/Classification: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cell #: (____) _____ - _____ Home #: (____) _____ - _____ Email: _____

Course #: _____ Course Name: _____

(Please write course name exactly as it appears on the Course Reference List)

I have read, understood, and agree to all the terms and conditions listed above:

Applicant Signature: _____ **Date:** _____

Return this form to Contract Services to: skillstraining@csatf.org

Contract Services Attn: Skills Training
2710 Winona Avenue
Burbank, CA 91504

Phone: 818.565.0550 ext. 1260
Fax: 818.847.0048

For Office Use Only

Approved Date: _____ Course Cost: \$: _____

Reimbursement Amount (100%): \$ _____ Approved by: _____ Code: _____