

License/Certification Payment Form

ALL REQUESTS MUST HAVE FINAL APPROVAL AT LEAST TWO WEEKS PRIOR TO THE REQUIRED PAYMENT DATE, THREE WEEKS IF CASH ADVANCE IS REQUESTED.

Please take the following steps to ensure that your request is processed in a timely manner:

1. Fill out this form completely. Be specific about dates and costs.
2. Attach all information concerning the license or certification needed.
3. Save this form then submit it via email or printed copy.
4. You and your supervisor will be emailed to let you know payment is complete.

Dept/Division: _____

Date Submitted: _____

Name	EID	Crew #	Lic./Cert. Number

Initial Renewal

Is this a reimbursement? Yes No

If yes, enter new expiration date:

Total Fee \$

Payment Information:
(include vendor, contact info, web link, explanation of fees, etc.)

Notes: _____

Supervisor signature	Date
Manager signature	Date
Asst/Assoc Director signature	Date
Operations Manager Signature	Date
Director signature ¹	Date

¹ Fees above \$500 must be approved by the Director.