## TRAINING REIMBURSEMENT REQUEST

Clear Form Commission on Peace Officer Standards and Training (POST) 860 Stillwater Road, Suite 100 West Sacramento, CA 95605-1630

See Instructions

Attachment B-2

POST AUTOMATED REIMBURSEMENT SYSTEM

POST 2-273 (05/2010) Page 1 of 2

A. AGENCY										C	C. COURSE CONTROL NUMBER								
B. CERTIFIED COURSE TITLE											D. COURSE PRESENTATION DATES START: END:								
Fully complete this see						ction - Click each note for													
E.			6	d. HARLE STATOS H.						PORTATION			REQUESTED			L.	IVI.	N.	
	NAME	OF TRAINEE(S)	POST ID NUMBER	ICER	RECORDS SUPERVISOR	DISPATCHER	NON-PEACE OFFICER	RESIDENT	COMMUTER	VER OF	PASSENGER IN VEHICLE	отнев	SUBSISTENCE	COMMUTER	TRAVEL	NUMBER OF BACK-FILL HOURS	BACK-FILL HOURLY	STATION ASSIGNED	
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ar ab Th	nd correct and in pove in an on-dulation of also attest that each	duly authorized official of the conformance with Commissi ty status, and each trainee lis ay expenses for subsistence, ach non-peace officer for who	ion Regulations. Each tra sted is a full-time paid em , commuter lunch, travel, om reimbursement is req	inee ploy and uest	for vee of tuitioned is	whor f the n as perf	n rei nan soci orm	mbu ned a ated	rser ager with	nent ncy. I n the	is re Back- cour	ques -fill c rse,	sted costs as re	will a will eque:	atten be ir sted	d the ncurre for e	POST-cer ed as noted	tified course named in columns L & M.	
O. SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL P. PRINT NAME OF PER					ON COMPLETING FORM					Q. (	CONT	ONTACT NUMBER					F	R. DATE	
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COMMENT										AGENCY CONTACTED AMOUNT PAYABLE YES NO									