

Training Reimbursement Request

Company Name: _____

Agreement Number: _____

Contact Name: _____

Contact Phone: _____ Email: _____

Training Dates: _____ Today's Date: _____

Is this your FINAL Reimbursement Request? YES NO

If YES, **you must complete your Final Evaluation to receive payment.** The Final Evaluation Survey is located at <https://www.surveymonkey.com/r/NH-JTF>.

Final Evaluation Confirmation Code _____

Total training costs in this request: \$ _____

Reimbursement amount requested (should equal ½ total training costs): \$ _____

Please attach the following documentation with each reimbursement request:

- Explanation of training
- Vendor invoices for training costs
- Copies of proof of payment (cancelled checks, credit card receipts, etc.)

I authorize that the above information is correct, and that training has been performed:

Contact Name

Include this form with all your reimbursement requests.

email to: jacqueline.heuser@livefree.nh.gov

Jacqueline Heuser, Office of Workforce Opportunity
Department of Business & Economic Affairs
Phone: 603-271-0337 ~ Fax 603-271-6785