BUSINESS CREDENTIALS & SUBSCRIPTIONS

Office Professional Licenses and Dues Expense Template

EMPLOYEE NAME:

DEPARTMENT:

SUBMISSION DATE:

MANAGER / APPROVER:

DATE PAID	CREDENTIAL / SUBSCRIPTION NAME	PROVIDER / ISSUING AUTHORITY	LICENSE/MEMBER NO.	EXPIRY DATE	TYPE (ANNUAL/MO.)	AMOUNT
				Total Reimbursement Requested:		

EMPLOYEE SIGNATURE / DATE

AUTHORIZED APPROVAL / DATE

Submission Instructions: Please attach original receipts, proof of payment, and renewal/invoice documentation for all items listed above. Submissions without proper supporting documentation may experience processing delays.