

# PROFESSIONAL LICENSES & DUES REIMBURSEMENT FORM

Office Expense Template

## EMPLOYEE INFORMATION

Employee Name \_\_\_\_\_

Employee ID \_\_\_\_\_

Department \_\_\_\_\_

Job Title \_\_\_\_\_

Manager Name \_\_\_\_\_

Submission Date \_\_\_\_\_

## LICENSE / PROFESSIONAL ASSOCIATION DETAILS

| Organization / Licensing Body | License / Membership Type | Membership/License No. | Expiration Date |
|-------------------------------|---------------------------|------------------------|-----------------|
|                               |                           |                        |                 |
|                               |                           |                        |                 |

## EXPENSE & BUSINESS JUSTIFICATION

Amount Requested \_\_\_\_\_

Currency \_\_\_\_\_

GL Account / Cost Center \_\_\_\_\_

Business Purpose & Job Relevance \_\_\_\_\_

## DOCUMENTATION CHECKLIST

- Proof of Payment / Receipt Attached
- Copy of License / Certificate Attached
- Prior Approval Form Attached (if applicable)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head / Manager Approval Signature

\_\_\_\_\_  
Date

---

Finance / Accounts Payable Approval

---

Date

---

**Submission Guidelines:**

- 1. Please complete all sections of this form. Incomplete forms will delay reimbursement processing.
- 2. Attach original receipts, invoices, or proof of credit card transactions showing payment.
- 3. Submit the completed and signed form to the Finance Department for processing.