

**REIMBURSEMENT VOUCHER FOR
PROFESSIONAL CREDENTIALS AND EXAMINATIONS**

U.S. DEPARTMENT OF ENERGY, OAK RIDGE OPERATIONS (Department, Bureau, or Establishment)	PAYMENT INFORMATION
Payee's Name:	<input type="checkbox"/> Use information currently on file
Organization:	Bank/Credit Union:
Budget and Reporting Code (if known):	Account Number:
	Name on Account:

If reimbursement is being requested for more than one Professional Credential/Examination, each must be itemized below.

Professional Credential/Examination	Date Paid	Duration of Professional Credential/Examination	Expense Incurred

Total Amount of Reimbursement Requested (not to exceed \$350):

Section A – Certifications

I certify that the expenses claimed herein are correct and proper.

Employee _____
Date

I have reviewed this request for reimbursement and concur that the Professional Credentials/Examinations for which reimbursement is requested are included on the ORO Pre-Approved List or are not on the pre-approved list and require the convening of the review committee.

Division Director or above _____
Date

Section B – Concurrence (Please forward to your Human Resources Specialist, AD-442)

I concur that this request is in conformance with ORO policy guidance for the requested reimbursement.

Director, Human Resources Division _____
Date

Section C – Request Not On Pre-Approved List

The following should be signed if the Professional Credentials/Examinations for which reimbursement is being requested are not on the ORO Pre-Approved List.

The ORO Professional Credentials/Examinations Review Committee has conducted a review of this request and has determined that this claim is advantageous to the government and should be reimbursed.

Chairperson, Review Committee _____
Date