



2710 WINONA AVENUE
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www.csatf.org

2017/2018 Vendor Provided Training Reimbursement Policy and Request Form

In order to be reimbursed, you must provide Contract Services Administration Training Trust Fund (CSATTF) with sufficient documentation to substantiate that you are eligible for reimbursement and that you incurred the expense for which you are seeking reimbursement.

This program, which is administered by CSATTF on behalf of your employers, has been created to provide reimbursements to you (or payments to vendors) for certain eligible training expenses that you incur in connection with your employment. This program is an "accountable plan" as provided in Internal Revenue Code Section 62(a)(2)(A) and the Treasury Regulations promulgated there under. To receive reimbursement for your eligible employment related expenses (or for the vendors providing you with training), you must meet several requirements. You will be required to return to CSATTF within a reasonable time after you discover the error, any excess reimbursement that is made to you in the event of any inadvertent overpayment.

- Reimbursement of 2/3 of course cost may be reimbursed if all conditions are met.
- Both your application and the course must have been pre-approved by CSATTF.
- The entire course must be successfully completed. Incomplete/unsuccessfully completed courses will **not** be reimbursed.
- One "Reimbursement Policy and Request Form" must be submitted for each course.
- Reimbursement requests must be completed and submitted with supporting documentation within forty-five (45) days after course completion date.
- Receipts for cash payments are **not** eligible for reimbursement.

Submit one signed form per course and return it with the following items:

1. Certificate of Completion issued by the vendor that includes the course description and vendor's name **or** a letter from the vendor indicating successful course completion.
2. Proof of Payment: Copy of your credit card receipt/credit card statement with the transaction line item reflecting the charges, or the front and back of canceled check and additional information if requested.
3. Copy of the vendor invoice **or** a copy of the course attendance record.

Please allow 2-4 weeks for processing.

Print all information completely and legibly. Personal information will be updated accordingly.

Name: _____ Last four digits of SSN: _____

Local: _____ Classification: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cell #: None Home #: None Email: None

Vendor Name: _____ Course Name: _____ Date Completed: _____

I have read, understood and agree to all the terms and conditions listed above:

Signature: _____ Date: _____

Return this form with supporting documentation via email to skillstraining@csatf.org, in person, by fax or mail.

CSATTF Attn: Skills Training
2710 Winona Avenue
Burbank, CA 91504

Phone Number: 818.847.0040 extension 1260
Fax Number: 818.847.0048

For Office Use Only

Approved Date: _____ Course Cost: \$ _____

Reimbursement Amount (2/3): \$ _____ Approved by: _____ Code: _____