



Original Date of Training:	
Requested Reimbursement Date:	
Type of Promotional Exam:	
<input type="checkbox"/> Sergeant	<input type="checkbox"/> Lieutenant <input type="checkbox"/> Captain

AAPOL PROMOTIONAL EXAM REIMBURSEMENT REQUEST

Reimbursement will not exceed the amount of \$150.00

Name (<i>Last, First, M.I.</i>):	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Payroll #:		
Contact#		
Personal Email Address:		
Address:		
City, State, Zip		
TRAINING FACILITY INFORMATION		

Name:			
	Address		
	Date Taken:		
	Total Amount		

Office Use Only	
Date Completed	
AAPOL Check#	
Check Amount	
AAPOL BOARD MEMBER SIGNATURE:	
AAPOL BOARD MEMBER PAYROLL#	
Transaction Cleared in Bank	<input type="checkbox"/> Yes <input type="checkbox"/> No