



Original Date of Training:	
Requested Reimbursement Date:	
Type of Promotional Exam:	
<input type="checkbox"/> Sergeant <input type="checkbox"/> Lieutenant <input type="checkbox"/> Captain	
<small>TO QUALIFY FOR REIMBURSEMENT, FORM MUST BE SUBMITTED WITHIN SIX MONTHS OF ORIGINAL DATE OF TRAINING OR THREE MONTHS AFTER THE DATE OF THE PROMOTIONAL EXAM! WHICH EVER IS LATER</small>	

AAPOL PROMOTIONAL EXAM REIMBURSEMENT REQUEST

Reimbursement will not exceed the amount of \$250.00

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