

COUNTY OF STANISLAUS
PROFESSIONAL DEVELOPMENT CLAIM FORM

Employee Name: _____ ID# _____

Department: _____ Date: _____

- (3) Claims MUST be certified by the claimant and the proper authority before being filed with the County Auditor-Controller.
- (4) All necessary receipts MUST accompany this claim, i.e. lodging, registration, computer purchases, etc., and all applicable Trip Authorizations must be on file and in accordance with the County Travel Policy.

Position, Check one box only: _____ Board Supervisor _____ Confidential
 _____ Department Head _____ Management _____ Management Attorney

Date	Description of Reimbursement	Amount	
		Dollars	Cents
	TOTAL		

Total Annual Allowance: \$	I HEREBY CERTIFY that the above claim and the items, amounts and statements are true and correct; that no part thereof has been paid; that the amount claimed is justly due and consistent with the County Professional Development Allowance Policy. <div style="text-align: center;">_____</div> <p>Employee Signature</p>
Prior Total Claimed this Fiscal Year: \$	
Amount Claimed in this Form: \$	
New Total Claimed this Fiscal Year: \$	

I HEREBY CERTIFY that the above listed expenditures are in compliance with current Professional Development Guidelines: and that the costs were incurred for purposes that relate to the employee's present position.

Department Head Signature

If you wish to claim any reimbursement(s) as tax exempt, please describe in detail how the item(s) meets the threshold of being directly related to or required for your job with Stanislaus County in order to assist the County Auditor in determining if the expenses are tax exempt.