

**COUNTY OF ALAMEDA, AUDITOR-CONTROLLER AGENCY
EDUCATIONAL EXPENSE REIMBURSEMENT CLAIM FORM
FOR ELIGIBLE EMPLOYEES**

Business
Unit: _____

Voucher #: _____

For Auditor and Zone 7
Use Only

**Only expenses incurred in the current Fiscal Year (July 1 to June 30) may be submitted on this form.
August 1st is the deadline for receipt of Claims for expenses incurred in the prior fiscal year.**

FIRST NAME _____ LAST NAME _____ EMPLOYEE ID # _____

DEPARTMENT NAME _____ DEPT. NO. _____ JOB ITEM NO. _____ UNION CODE _____ QIC CODE _____ WORK PHONE # _____

DEPARTMENT LIAISON _____ QIC CODE _____ WORK PHONE # _____

REPRESENTED BY (Check one):

- ☐ SEIU - County Employees
(A/C 630004 Fund 10000 Department 180100)
- ☐ Building & Construction Trades
(A/C 630002 Fund 10000 Department 180100)
- ☐ Probation Peace Officers' Association
(A/C 630003 Fund 10000 Department 180100)
- ☐ Alameda County Management Employees Association (ACMEA)
(A/C 630001 Fund 10000 Department 180100)
- ☐ Other: _____

UNREPRESENTED (Check One):

- ☐ Unrepresented Management Employees
(A/C 630001 Fund 10000 Department 180100)
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

ACCOUNTING INFORMATION

Business Unit	Account Number	Fund	Department Number	Program	Sub-Class	BY	Project	Amount
Total								\$

Invoice Type: EDST Payment Handling: DP QIC _____ Pay Comments: _____

COURSE/PROGRAM NAME: _____ DATE(S) FROM/TO: _____

SPONSORED/GIVEN BY: _____

DESCRIPTION: _____

TUITION	\$
BOOKS/MATERIALS	\$
TOTAL COURSE COST	\$
PRIOR CLAIMS PAID THIS FISCAL YEAR	\$
CURRENT FY TOTAL CLAIMED (CANNOT EXCEED AUTHORIZED MAXIMUM)	\$

CLAIMANT'S CERTIFICATION

I certify that I incurred the educational expenses detailed above while in a represented class; that these expenses were in accordance with the relevant provisions of the Memorandum of Understanding. I understand that reimbursement for such expenses is limited to the amount specified in the MOU in effect during the fiscal year in which the claim is being submitted; is subject to the availability of funds allocated to the program, and is on a first-come-first-served basis.

CLAIMANT'S SIGNATURE: _____ DATE: _____

FOR AUDITOR'S OFFICE USE ONLY

INVOICE DATE (SERVICE DATE): _____
VENDOR ID: _____ INVOICE #: _____
TYPE: EDST AMOUNT: \$ _____

DEPARTMENT HEAD'S APPROVAL

I certify that the above claim complies with the relevant provisions of the Memorandum of Understanding and the claimant was a member of the indicated class when these expenses were incurred.

DEPARTMENT HEAD SIGNATURE _____ DATE _____

SEND TO AUDITOR-CONTROLLER, QIC 20111, ATTN: ED EXP

Please see instructions on the back of the form and the Manual of Accounting Policies & Procedures (MAPP), Disbursements

Educational Expense Reimbursement Claim Form for Eligible Employees Instructions

1. Eligible employees may receive reimbursement for specific expenses for attending educational classes, dependent upon their Memorandum of Understanding (MOU). MOU's specify the amounts the County allocates for educational stipends for each fiscal year. Claims are paid on a first-come, first-served basis (upon receipt of claim form by the Auditor's Office), until the allocations are exhausted for the fiscal year during which the class ended. To determine if there is sufficient funding to pay the claim, employees must contact their Department Liaison/Training Officer. The Department Liaison/Training Officer may contact the Central Approver of Educational Expense Claims in the Auditor's Office. The reimbursable amount is the lesser of the maximum reimbursable amount per the bargaining unit or the amount of available funds. The benefit year is the fiscal year in which the class was completed. *Claims must be submitted to the Auditor's Office for receipt no later than August 1st for prior fiscal year (July 1st – June 30th) expenses. After August 1st of each Fiscal Year, the Budget for the prior Fiscal Year will be closed and claims will no longer be accepted (and cannot be processed).*

For example:

<i>Date Class Ended</i>	<i>Date Auditor Receives Claim</i>	<i>Benefit / Stipend Fiscal Year</i>
<i>June 30, 2018</i>	<i>July 15, 2018</i>	<i>2017/18</i>
<i>June 30, 2018</i>	<i>August 2, 2018</i>	<i>N/A – Claim Not Accepted</i>
<i>July 1, 2018</i>	<i>July 15, 2018</i>	<i>2018/19</i>

2. Allowable expenses are limited to tuition, registration fees, books and class materials that are required for the approved courses. Allowable expenses are 100% reimbursable up to the maximum reimbursable amount per employee in any fiscal year. The maximum amount reimbursable varies by bargaining unit. To find out the maximum amount reimbursable per employee, contact the Training Officer in your Department.
3. The following expenses are not covered under the Educational Stipend Program: (a) expenses for conferences or training that the Department tells an employee to attend are charged to the Department's budget (b) travel, parking, food, lodging and other expenses associated with the educational stipend claim are not reimbursable. Reimbursement for the cost of training may not be split between the Educational Stipend and other forms of reimbursement. If it is the Department's intent for the employee not to pay any portion of the training, the entire cost of the training must be paid by means of a purchase order, personal expense claim, prepaid tuition, etc.
4. Before attending a training, the Department must determine that the training is job-related and necessary to maintain or upgrade the employee's on-the-job skills. Some MOU's allow the educational stipend to be used to prepare the employee for promotional opportunities. It is the responsibility of the Department to know what the applicable MOU allows.
5. Complete the claim form, with the exception of the boxes "For Auditor's Use Only", "Business Unit" and "Voucher #" (only Auditor and Zone 7 complete the boxes "Business Unit" and "Voucher #"). Please type or print legibly all the information requested. Do not use red ink.
6. Attach the following to the claim form:
 - (a) Detailed **class documentation** (registration forms and fliers, etc.) that includes the following information: sponsor (e.g. provider), class description, dates, cost of books, cost of tuition.
 - (b) **Proof of payment:** original invoice and payment receipt that includes the name of the provider, description of service or supplies received, date of payment and amount paid, credit card statement, copy of cancelled check, etc.
 - (c) If required by the MOU, **proof of completion**, such as a copy of the diploma or certificate of completion of the course or transcript showing the grade received. The Auditor's Office may require additional documents.
7. The claimant retains a copy of the completed form and forwards the original with supporting documents to the Department Liaison.
8. The Department Liaison/Training Officer reviews the claim form and attachments to ensure that the training is job-related and conforms to the MOU of the employee's bargaining unit.
9. After the Agency/Department Head or Training Officer signs the form, the Department Liaison sends the claim and supporting documents to the Auditor-Controller, Attention: Ed Exp., QIC 20111. Except for Zone 7 claims, the Auditor's Office will create the payment voucher in ALCOLINK. Allow five to ten business days from date of receipt for the claim to be processed. Educational stipend payments to employees are not reported on a 1099.
10. The Auditor's Office sends the reimbursement warrant to the Department Liaison who distributes it to the employee. Employees should contact their Department Liaison for information regarding the status of claims. If it has been at least ten business days since the claim was submitted to the Auditor's Office, the Department Liaison may contact the Auditor's Office, Central Approver for Educational Expense Claims.