



**FOR SETA STAFF ONLY**

**Request for Professional License, Permit,  
or Credential Reimbursement**

**Contact Information**

Applicant Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Job Class: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

Agency: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Job Site: \_\_\_\_\_ Direct Supervisor's Name: \_\_\_\_\_

Professional License, Permit, or Credential Acquired: \_\_\_\_\_

**Amount Requested for Reimbursement:** \$ \_\_\_\_\_

- Reimbursement shall only be provided *once* per grant period.

**Documentation Needed for Reimbursement (to be submitted with this form):**

- Documentation for professional license, permit, or credential acquired showing cost
- Proof of payment (e.g., original receipt for payment or canceled check)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Program Officer/Manager's Signature (pre-approval): \_\_\_\_\_ Date: \_\_\_\_\_

For reimbursement, please forward all documents to the Fiscal Department, SETA, 925 Del Paso Blvd., Suite 100, Sacramento, CA 95815 – Attention: Jessica Edvalson

*FOR OFFICE USE ONLY*

HS or EHS Amount: \_\_\_\_\_  
(please circle one)

General Ledger#: 20203700

APPROVED: \_\_\_\_\_ Date \_\_\_\_\_  
Program Manager

\_\_\_\_\_ Date \_\_\_\_\_  
Fiscal Supervisor

**For Information or Assistance, Contact Fiscal Department at (916) 263-4107 or  
(916) 263-1388 Fax (916) 263-6124**