



**STANISLAUS
COUNTY OF STANISLAUS
PROFESSIONAL DEVELOPMENT CLAIM FORM**

Revised 06/16

Employee Name: _____ ID# _____

Department: _____ Date: _____

- (1) Claims **MUST** be certified by the claimant and the proper authority before being filed with the County Auditor-Controller.
- (2) 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 – _____ Board Supervisor _____ Confidential _____ Management Attorney
 Check one box only: _____ Department Head _____ Management _____ Other _____

Date	Description of Reimbursement	Amount	
		Dollars	Cents
TOTAL			

Prior Total Used: \$ _____ Add this Claim: \$ _____ Total Used: \$ _____	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, and is presented within one year after the last item thereof has accrued. <div style="text-align: center;"> _____ Employee Signature </div>
Total Authorized: \$ _____	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. <div style="text-align: center;"> _____ Department Head Signature </div>

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.