

Maryland State Department Of Education  
**Division Of Rehabilitation Services**  
**Reimbursement Voucher For Certification**

**Please Note:** This reimbursement voucher must be submitted and accompanied by the original official receipt from the organization administering the certification program (a cancelled check is not acceptable proof of payment). Applicants for certification fee reimbursement must also submit the original proof of achievement of certification or proof of renewal, as applicable. Reimbursement shall be limited to certification or renewal fees.

**Name of Person Requesting Reimbursement (as check should be made out):** \_\_\_\_\_

**Employee's W Number:** \_\_\_\_\_

**Employee's Address (where check is to be mailed):**

**Street Address:** \_\_\_\_\_

**City, State & Zip Code:** \_\_\_\_\_

**Employee's Office Phone Number:** \_\_\_\_\_

**Certification:** ☐ CRC ☐ CRVT ☐ PVE ☐ CVE – renewal only

☐ Other: \_\_\_\_\_

**Date of Certification/Renewal:** \_\_\_\_\_

**Signature of Person Requesting Reimbursement:** \_\_\_\_\_

**Signature of Supervisor:** \_\_\_\_\_

**For Internal Staff Development Use Only**

**Receipt Attached:** ☐ Yes ☐ No

**Date Processed:** \_\_\_\_\_

**Proof of Certification Attached:** ☐ Yes ☐ No

**Amount Approved: \$** \_\_\_\_\_

**Training & Professional Development Signature:** \_\_\_\_\_