

BROWARD COUNTY PUBLIC SCHOOLS

2022-2023 TSP-CIF REIMBURSEMENT REQUEST FORM

FOR USE BY APPROVED TSP-CIF PROGRAM APPLICANTS

The Continuous Improvement Educational Activities (CIEA) for Reimbursement MUST occur during the TSP-CIF period of June 1, 2022- May 31, 2023.
 To request TSP-CIF reimbursement, complete this form using the appropriate checklist and submit with **ALL** required documents to the location bookkeeper/budgetkeeper for processing. If the location is serviced by the Business Center, please submit the required documents to the support specialist assigned to your location (*check with the office manager if you are unsure where the documents should be submitted*).

Employees may sign up to receive their reimbursement via Direct Deposit by completing and submitting the *Direct Deposit Reimbursement Form*.

SECTION 1

EMPLOYEE'S NAME:	PN#:
LOCATION NAME:	LOC#:

SECTION 2

SELECT APPROPRIATE TSP-CIF AREA BELOW FOR WHICH YOU WERE APPROVED TO RECEIVE REIMBURSEMENT:

Note: TSP-CIF CIEA(s) reimbursement(s) is/are up to the approved awarded amount by the TSP-CIF committee, not to exceed \$2,500.

Reimbursement request(s) above the approved awarded amount will not be processed.

Documentation submitted must be in accordance with TSP-CIF guidelines.

Workshop, Conference, Convention, Course, Institute (WCCCI)

Standalone membership dues, license fees, materials, supplies, travel, car rental, meals per diem, hotel accommodations, parking fees or late fees **WILL NOT** be eligible for reimbursement. No taxis or other car services will be reimbursed. Credit card statements are not substitutes for receipts. Original receipts must reflect the employee's name and the date(s) of the WCCCI. **Note: Activities or courses paid by grants or scholarships do not qualify for reimbursement and such reimbursement submissions will not be applicable or accepted.**

CHECKLIST OF REQUIRED DOCUMENTS

- | | |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> TSP-CIF Approval Letter | <input type="checkbox"/> Completed Check Request |
| <input type="checkbox"/> TSP-CIF Reimbursement Request Form | <input type="checkbox"/> Original Paid Registration Receipt |
| <input type="checkbox"/> Agenda or Syllabus of WCCCI | <input type="checkbox"/> Completed TDA, if applicable. |
| <input type="checkbox"/> Completion Document, CEU Certificate or Credential Certificate | <input type="checkbox"/> Trip Report- Summary of Events per day |

Tuition Reimbursement (FROM ACCREDITED COLLEGE/UNIVERSITY)

Registration, books, supplies, student/athletic fees, travel, car rental, meals per diem, hotel accommodations, parking fees, or late fees **WILL NOT** be eligible for reimbursement. Taxis or other car services will not be reimbursed. To be reimbursed for tuition expense, you **MUST** receive a passing grade of "C" or above and college level credit from an accredited college or university. **Note: Activities or courses paid by grants or scholarships do not qualify for reimbursement and such reimbursement submissions will not be applicable or accepted**

CHECKLIST OF REQUIRED DOCUMENTS

- | | |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> TSP-CIF Approval Letter | <input type="checkbox"/> Receipt from university/college showing courses and tuition amount with breakdown of how tuition was applied and date course was taken |
| <input type="checkbox"/> TSP-CIF Reimbursement Request Form | <input type="checkbox"/> Completed Check Request |
| <input type="checkbox"/> University/college courses Information or Syllabus | <input type="checkbox"/> Transcripts or grade report indicating a passing grade of "C" or above and award of college credit |
| <input type="checkbox"/> Proof of Tuition Payment | |

SECTION 3

REIMBURSEMENT AMOUNT BEING REQUESTED OF THE ORIGINAL APPROVED AMOUNT: <i>All submitted documents must total Requested for Reimbursement amount. Reimbursement amount may not exceed documented total(s). Reimbursements will not be made above awarded amount.</i>	\$	I acknowledge that I am a current, active, TSP employee in good standing with Broward County Public Schools.				
ADMINISTRATOR'S NAME (PRINT & SIGN) <i>Site Supervisor, Director, Administrator or Designee, please give the employee a copy of this approved form and submit original to your Bookkeeper/BudgetKeeper/Budget Specialist for processing.</i>		<table style="width: 100%;"> <tr> <td style="width: 70%; border-top: 1px solid black;">EMPLOYEE'S SIGNATURE</td> <td style="width: 30%; border-top: 1px solid black;">DATE</td> </tr> <tr> <td style="border-top: 1px solid black;">ADMINISTRATOR'S NAME (PRINT & SIGNATURE)</td> <td style="border-top: 1px solid black;">DATE</td> </tr> </table>	EMPLOYEE'S SIGNATURE	DATE	ADMINISTRATOR'S NAME (PRINT & SIGNATURE)	DATE
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SECTION 4

FOR BOOKKEEPER/BUDGETKEEPER/BUDGET SPECIALIST USE ONLY

Please complete this section with your contact information, verify the funds are in the correct line of coding, and all the required documents are attached and signed. Submit the form, a completed Check Request and all required back-up directly to Accounts Payable or the Business Support Center, if your location is supported by this department. Retain a copy for your location's records.

PRINT NAME (Bookkeeper/Budgetkeeper/Support Specialist):	PHONE#:
SIGNATURE:	DATE PROCESSED:

PROGRAM DETAILS AVAILABLE AT: [HTTPS://WWW.BROWARDSCHOOLS.COM/TSPCIF](https://www.browardschools.com/tspcif)