PROFESSIONAL ORGANIZATION DUES
REIMBURSEMENT APPROVAL REQUEST (AP-7160)

(Reimbursement will be made to employee only.)

Employee Name: _____

Employee Type: ☐ Classified Employee ☐ Full-time Faculty or Administrator

Professional Organization(s): _____

Benefit to Employee/District: _____

_____

_____

1. Attach proof of payment to this form.
2. Amount to be reimbursed to employee: $ _____

I hereby request reimbursement from MiraCosta Community College District in the above amount for professional organization dues per Administrative Procedure 7160. I realize that reimbursement is **limited to 50%** of the organization dues, with such reimbursement not to exceed $100.00 per year for classified employees, or $250 for full-time faculty and administrators.

_____ _____

Employee's Signature Date

_____ _____

Dean's Signature Date

Budget Code: Enter your Dept Number and Program Number:

Fund	Spend Cat	Cost Center	Project	Program	Designation
11	1008	101	00000		1356
Gen Fund	Membership	VPI	Non-Project		Dept Operating Fund

Instructions:

1. **Employee** prepares Form B-181 and attaches invoice, proof of payment, signs and submits to the their Dean for approval. Invoice & proof of payment must be attached.
2. **Dean** approves.
3. **Approved Form** is submitted to Executive Assistant of the appropriate Vice President
4. **Executive Assistant** verifies employee is within allowable reimbursement limit per fiscal year, verifies account number and processes for reimbursement via Workday Expense Report.
   a. Classified employees allowable reimbursement limit: $100
   b. Full-time faculty and administrators allowable reimbursement limit: $250

Accounting Use Only: Amount used to date excluding this request $_____