



MEA Management Training Fund
APPLICATION

Name: _____

Department: _____ Title: _____

I am requesting reimbursement for the following management training, professional fees/membership or materials:

Title: _____

Date(s): _____

Location: _____

Registration Cost: _____ Travel/Lodging: _____

PLEASE SUBMIT VERIFICATION OF REQUEST (e.g. BROCHURE COVER, INDICATING DATE AND LOCATION, REGISTRATION PAGE, INVOICE, ETC.) WITH THIS APPLICATION

I represent that this class/membership/publication is intended to enhance my ability to perform my duties as a CCSF employee. I further represent that this is not a cost that has been covered (paid for) by the City or my department in the past.

Signature

Date

Home Email

Phone Number

Mailing Address (Will not be mailed to work address)

To return this form to MEA, you can fax to 415-989-7077, email to staff@sfmea.com or mail to MEA at 870 Market Street, Suite 840, S.F., CA 94102; Attn: Management Training Fund