

GENERAL INSTRUCTIONS

1. IAW USAF/DP policy, members must obtain approval prior to incurring certification-related expenses. As such, employees should ensure that the Reimbursement Request Form is: 1) completed and submitted to SAF/FMPW, and 2) approved by SAF/FMPW, before committing personal funds (if seeking subsequent reimbursement).
2. This form may be accomplished using MS Word (less signatures), or printed and completed by hand (ensure submission is legible).
3. Send completed form to SAF/FMPW; submission options are provided below. If sending via email, ensure signed form is scanned using Word, Adobe, or Watermark format.

	MAIL	FAX	EMAIL
	SAF/FMPW Certification Reimbursement 1130 Air Force Pentagon Washington DC 20330-1130	Com: (703) 693-7294 DSN: 223-7294	saf.fmpw.cert@pentagon.af.mil

SPECIFIC INSTRUCTIONS

BLOCK	DESCRIPTION and INSTRUCTIONS
PART I	a. Self Explanatory
	b. GS or SES grade; indicate step
	c. Job series of position you are currently performing
	d. Title of current position
	e. Use entire symbol to indicate organization of assignment Ex: XX CPTS/FMA (MAJCOM), HQ XXX/FM, etc.
	f. Complete mailing address
	g. Enter email address (official)
	h.-i. Complete DSN and commercial phone numbers, to include area code where appropriate
PART II	a. List any FM-related certificates or licenses currently held
	b. Indicate date of award
	c. Indicate as to whether or not the certificate is currently: - Active: Employee meeting periodic renewal requirements; certification is current. - Inactive: Periodic renewal requirements are not being met.
PART III	a. Insert the title of the specific certificate or license that you are seeking to earn, and will be requesting reimbursement of authorized expenses upon awarding of certificate.
	b. Check appropriate box to indicate as to whether this certificate/license is either 1) a new, or first time award, or 2) an annual renewal to maintain a certificate previously awarded.
	c. List all projected expenses (as authorized by SAF/FM policy) related to the certificate (as indicated in Part III-a above) for which you are seeking reimbursement. If a certificate requires 3 separate examinations, list them (and their costs) separately on the form. Indicate the total of all anticipated costs in the box entitled "Total Estimated Cost."
	d. Indicate the total of all anticipated costs in the box entitled "Total Estimated Cost." Figure should total expenses listed in IIIc.
	e. Fill in the date by which you expect, or anticipate, to be awarded with the certificate or license.
	f. Indicate, by checking the appropriate box, as the whether of not you have been reimbursed by USAF for a previously-awarded certificate or license. Note: If you indicate "YES", then Section C of Part IV must be completed by the organizational comptroller (or equivalent).
PART IV	a. Employee signs and dates, signaling intent to complete requirements for certification award or renewal by the date indicated in Section D of Part III.
	b. Supervisor signs and dates, confirming that the employee meets eligibility requirements (as enumerated in the SAF/FM policy). More importantly, the signature offers confirmation that the employee's "road-map" to certification is sound and meets personal development objectives.
	c. This section must be completed by the organizational comptroller (or equivalent) if Section F of Part III was answered "Yes" by the member. See note on front of form.
PART V	a.-b. For SAF/FMPW use only.