

# WorkInvestNH

## TRAINING REIMBURSEMENT REQUEST

Company Name: \_\_\_\_\_

Company Payment Address: \_\_\_\_\_

Agreement Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Training Dates: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Is this your FINAL Reimbursement Request?  YES  NO

If YES, you must complete your Final Evaluation to receive payment.  
The Final Evaluation Survey is located at <https://www.surveymonkey.com/r/NHES-JTF>

Final Evaluation Confirmation Code \_\_\_\_\_

Total training costs in this request: \$ \_\_\_\_\_

Reimbursement amount requested (should equal ½ total training costs): \$ \_\_\_\_\_

Please attach the following documentation with each reimbursement request:

- Explanation of training
- Vendor invoices for training costs
- Copies of proof of payment (cancelled checks, credit card receipts, etc.)

I authorize that the above information is correct, and that training has been performed:

\_\_\_\_\_  
Company Contact Name

Include this form with all your reimbursement requests and email to: [JobTrainingFund@nhes.nh.gov](mailto:JobTrainingFund@nhes.nh.gov)  
NH Department of Employment Security | Phone: 833-658-4760

Date of Fully Executed Contract (Encumbrance): \_\_\_\_\_