



Continuing Education Request for Reimbursement

_____	_____
Name	Date(s) of Course or Session
_____	_____
Name of the CE Course or Session	CE Registration Fee(s) / Costs*
_____	_____/_____/_____
Signature	Date

*RDStaffCo **does not** reimburse travel expenses (transportation, lodging and meals)

Submit completed forms along with copies of original receipts
to: admin@rdstaffco.com or by Fax: (877)471-2502.