

# National Workforce Planning & Development

National Tuition Reimbursement Administration

This document contains samples of required documents for Academic/University programs, Continuing education (PESI, Audio Digest membership) and Travel verification.

## SAMPLE SUPPORTING DOCUMENTS FOR UNIVERSITIES

### Proof of Completion

View My Grades CAPSTONE.pdf (1 page)

View My Grades 9/29/15, 6:41

go to ...

**Final Grades must include the following:** (please see highlighted selections)

- 1)Employee Name
- 2)School Name
- 3)Course Name
- 4)Final Grade
- 5)Term or Date Range

**View My Grades**

2015 Summer | Undergraduate | University of Texas, Arlington [change term](#)

▼ **Class Grades - 2015 Summer**

Official Grades

Class	Description	Units	Grading	Grade	Grade Points
NURS 4585	RN-BSN CAPSTONE	5.00	A - F Grades Only	A	20.000

▼ **Term Statistics - 2015 Summer**

	From Enrollment	Cumulative Total
<b>Units Toward GPA:</b>		
Taken	5.000	56.000
Passed	5.000	56.000
<b>Units Not for GPA:</b>		
Taken		6.000

## SAMPLE SUPPORTING DOCUMENTS FOR UNIVERSITIES

### Proof of Payment & Payment Method

Capstone Payments.pdf (1 page)

Payments 9/29/15

### Payment History - Charges Paid by this Payment

**06/26/2015 Self Serve Credit Payment**

Payment Breakdown	Term	Applied Payment Amount
Undergraduate Graduation Fee	2015 Summer	40.00
RN TO BSN AP NRODE BG 2118 - R	2015 Summer	1,285.00
<b>Total Payment Amount</b>		<b>1,325.00</b>

[Return to Payment History](#)

Proof of Payment must include the following: (please see highlighted selections)

- 1) School Name
- 2) Course Name
- 3) Term or Date Range
- 4) Amount Paid
- 5) Payment Method

# National Workforce Planning & Development

National Tuition Reimbursement Administration

## SAMPLE SUPPORTING DOCUMENTS FOR CONTINUING EDUCATION (CEU, CME & PDU, CONTACT HOURS)

### Proof of Completion

**Dotter Interventional Institute**

**OREGON HEALTH & SCIENCE UNIVERSITY**

Certificate of Completion must include the following: (please see highlighted selections)

- 1) School Name
- 2) Course Name
- 3) Course Date
- 4) Employee Name
- 5) Units, Hours or Credits received

This is to certify that \_\_\_\_\_

attended the

**11th Vascular & Interventional Education Days**

held at Embassy Suites, Portland, OR

**October 16-17, 2015**

This meeting has been approved for a maximum of 12 hours of category A continuing education credit. This document is meant as a certificate of attendance only, your official continuing education certificate with hours earned will be mailed to you within 60 days after the end of this meeting.

*Dixie A. McWilliams*

**Dixie A. McWilliams**  
Continuing Education Coordinator

## SAMPLE SUPPORTING DOCUMENTS FOR CONTINUING EDUCATION (CEU, CME & PDU, CONTACT HOURS)

### Proof of Payment & Payment Method

**OHSU**  
Oregon Health & Science University

**DOTTER INTERVENTIONAL INSTITUTE**  
3181 SW Sam Jackson Park Road, L342 • Portland, OR 97239  
DELIVERY: 630 SW Gaines Street • Portland, OR 97239  
503 494-8396 • Fax 503 494-4258 • [www.ohsu.edu/dotter](http://www.ohsu.edu/dotter) • [dotter@ohsu.edu](mailto:dotter@ohsu.edu)

### Receipt for Payment

**11th VASCULAR & INTERVENTIONAL EDUCATION DAYS MEETING**  
October 16-17, 2015  
Embassy Suites  
Portland, OR

Received from: Deanne Clarin, CRT  
[Redacted]

**Amount:** \$245.00

Purpose: Registration Fee

Paid by: Paid by Card

Receipts must include the following: (please see highlighted selections)

- 1) Course Name
- 2) Employee Name
- 3) Amount Paid

Thank you very much for participating the 11<sup>th</sup> Vascular & Interventional Education Days. 12 hours of Category A credit are available.

**OREGON HEALTH & SCIENCE UNIVERSITY**






# National Workforce Planning & Development




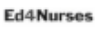



National Tuition Reimbursement Administration

## SAMPLE SUPPORTING DOCUMENTS CONTINUING EDUCATION

### Proof of Completion for PESI



## Certificate of Successful Completion



**Suicide & Self-Mutilation: Stopping the Pain**

Speaker(s): JACK KLOTT, MSSA, LCSW, CSWW, SUICIDOLOGIST

Sacramento, CA - 11/16/2015

The following participant

\_\_\_\_\_

\_\_\_\_\_

(License #, if applicable)

has completed the above-referenced educational activity in its entirety or as indicated below.

This certificate provides sponsor verification of individual attendance and may be used for your records or for any licensing not listed below. We maintain attendance records for 7 years.

**COUNSELORS:** This intermediate activity consists of 6.25 clock hours of continuing education instruction. Credit requirements and approvals vary per state board regulations. Please save the course outline, the certificate of completion you receive from the activity and contact your state board or organization to determine specific filing requirements.

**SOCIAL WORKERS:** PESI, Inc. Provider #:1062, is approved as a provider for social work. www.aswb.org through the Approved Continuing Education (ACE) Program. PESI, Inc. maintains approval through the ACE program. Social workers should contact their regulatory board to determine course will receive 6.25 (Clinical) continuing education clock hours in participating in this intermediate activity.

**MARRIAGE AND FAMILY THERAPISTS:** This activity consisted of 380 minutes of continuing education instruction. Please save the course outline, this certificate of completion and contact your state board for approval.

**PSYCHOLOGISTS:** PESI, Inc. is approved by the American Psychological Association to sponsor continuing education for psychologists. This seminar awards 6.25 credits to participating professionals. Full attendance is required.

**ADDICTION COUNSELORS:** PESI, Inc. is an approved provider of continuing education (NAADAC), provider #: 00131. Full attendance is required; no partial credit will be awarded for partial attendance.

**NURSES/NURSE PRACTITIONERS/CLINICAL NURSE SPECIALISTS:** This activity meets the requirements for continuing education for nurses. PESI, Inc. is an approved sponsor by the American Psychological Association, which is recognized by the American Nurses Association. Full attendance is required; no partial credit will be awarded for partial attendance.

This activity qualifies for 6.25 contact hours.

**CALIFORNIA NURSES:** PESI, Inc. is a provider approved by the California Board of Registered Nursing, Provider Number 13305 for 6.0 contact hours. Full attendance is required. No partial contact hours will be issued for partial attendance. This certificate must be retained by the licensee for a period of four years from the course date.


**CALIFORNIA COUNSELORS/SOCIAL WORKERS/MARRIAGE & FAMILY THERAPISTS/LICENSED EDUCATIONAL PSYCHOLOGISTS:** PESI, Inc. is an approved provider with the State of California, Board of Behavioral Sciences, Provider #2087. Full attendance at this course meets the qualifications for 6.0 hours of continuing education credit as required by the California Board of Behavioral Sciences.

**CALIFORNIA ALCOHOLISM & DRUG ABUSE COUNSELORS:** PESI, Inc. is an approved provider with the California Association of Alcoholism and Drug Abuse Counselors. Provider #: OS-03-036-1015. This course meets the qualifications for 6.0 hours of continuing education credit.

**Certificate of Completion must include the following: (please see highlighted selections)**

- 1) School Name
- 2) Course Name
- 3) Course Date
- 4) Employee Name
- 5) Units, Hours or Credits received
- 6) Education Administrator Signature

The back of this certificate may contain additional information




Kristine Cleasby, Senior Continuing Education Administrator

PESI, Inc. 1-800-844-8260  
P.O. Box 1000, Eau Claire, WI 54702-1000

### SAMPLE SUPPORTING DOCUMENTS CONTINUING EDUCATION

#### Proof of Payment Method for PESI



Continuing Education  
Mental Health • Rehabilitation • Education

800-844-8260  
Mon-Fri, 7am-6pm Central

10/08/15 03:34 PM

Return To Home Page | Printer Friendly Version

Registration Confirmation - Pay By Credit Card

Thank you for your registration. The following information has been received by our system. To print this page, select print from your browser's file menu on the top toolbar.

Event Information

Event: **CA Suicide & Self-Mutilation: Stopping the Pain**

Event Dates: Monday, 11/16/15 08:00 AM - 04:00 PM

General Information

Account: [REDACTED]

Registrant: [REDACTED]

Credit Card Payment Information

Name On Card: [REDACTED]

Card Number: [REDACTED]

Address: [REDACTED]

E-Mail: [REDACTED]

Order Information

Order Number: [REDACTED]

Order Account: [REDACTED]

Address: [REDACTED]

E-Mail: [REDACTED]

Order Details

CA Suicide & Self-Mutilation: Stopping the Pain

Registration Details

[REDACTED]

Item	Quantity	Price	Charge
Registration (Single Registration)	1	\$199.99	\$199.99


Other Information

Item	Response
MAIL CODE	H31

Total Charge:	\$199.99
<b>Amount Paid:</b>	<b>\$199.99</b>
Amount Due:	\$0.00

Thank you for your registration.

For assistance using our registration application please contact our customer service department at 1-800-844-8260 or email [customersupport@pesi.com](mailto:customersupport@pesi.com).

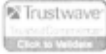


A Non-Profit Organization Connecting Knowledge With Need Since 1979!

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HealthCare | Rehabilitation | Ed4Nurses | Publishing

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Receipts must include the following: (please see highlighted selections)

- 1) Course Name
- 2) Employee Name
- 3) Amount Paid

[https://www.pesi.com/cmi-cart/reg\\_p3\\_confirm.aspx?Sessionid=ej5ff7fa2fb4fa6fclfb4](https://www.pesi.com/cmi-cart/reg_p3_confirm.aspx?Sessionid=ej5ff7fa2fb4fa6fclfb4) 10/8/2015

## SAMPLE SUPPORTING DOCUMENTS CONTINUING EDUCATION

### Proof of Membership Payment for Audio Digest

**School Name**

**AUDIO DIGEST FOUNDATION**  
450 N. Brand Boulevard, Suite 900 Glendale, California 91203  
(800) 423-2308 | adinfo@audiodigest.org

**Customer Name**

**RECEIPT**

Customer Name: [REDACTED]  
Customer ID: [REDACTED]

**Product**

**Start & End Date**

Order Date	Order ID	Product Description	Issues	Format	Start	End	Amount
02/18/2015	[REDACTED]	Gold Membership (Anesthesiology)	1	CD	02/18/2015	02/17/2016	\$1,199.00

Total Amount: \$1,199.00  
Total Paid: \$1,199.00  
Total Due: \$0.00

**Cost & Amount Paid**



# National Workforce Planning & Development

National Tuition Reimbursement Administration

## SAMPLE SUPPORTING DOCUMENTS CONTINUING EDUCATION

### Proof of Completion for Audio Digest

#### CERTIFICATE OF CONTINUING PROFESSIONAL EDUCATION

**Accreditation:** The Audio-Digest Foundation is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

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PRA

**Audio Digest Proof of Completion must include the following:**

- 1) Employee Name
- 2) All highlighted selections.

Audio-Digest Foundation is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's (ANCC's) Commission on Accreditation. Audio-Digest awards 2.0 contact hours (or 4.0 contact hours for the ACCEL program) for each clinical activity.

02/20/2015

OMER ID #

AANA ID # :

PASSING GRADE : 80

**THIS PARTICIPANT HAS SUCCESSFULLY COMPLETED THE FOLLOWING CE ACTIVITIES**  
(APPLIES TO TESTS GRADED Feb 18 2015 THRU Feb 20 2015)

DATE	VOLUME ISSUE / LEC	TITLE	PRE/POST-TEST	CE Credits
<b>ANESTHESIOLOGY</b>				
	<b>Volume</b> 56	<b>Issues</b> 1 - 24	<b>AANA Code</b> 1028828	<b>Approval Date</b> 1/1/2014
			<b>Expiration Date</b> 12/31/2015	
02/19/15	56-09	OPHTHALMIC ANESTHESIC CARE: PART 2	70% 100%	1.0
02/19/15	56-10	SUGAMMADEN/POSTDURAL PUNCTURE HEADACHE	70% 100%	1.0
02/19/15	56-11	CARDIOVASCULAR DISEASE/VASOACTIVE DRUGS	40% 100%	1.0
02/19/15	56-12	QUALITY IMPROVEMENT/BIS MONITORING	20% 100%	1.0
02/19/15	56-13	INFORMATION MANAGEMENT SYSTEMS/MANAGEMENT OF ANEMIA	30% 100%	1.0
02/19/15	56-14	DEBUNKING CRICOID PRESSURE	50% 100%	1.0
02/19/15	56-15	BECOMING AN ELITE ANESTHESIA PROVIDER	50% 100%	1.0
02/19/15	56-16	ONE-LUNG VENTILATION/ACUTE PAIN MEDICINE	60% 100%	1.0
02/19/15	56-17	ROBOTIC SURGERY/SLEEP APNEA IN CHILDREN	60% 100%	1.0
02/19/15	56-18	SURGERY IN SITTING POSITION/DEVICES FOR CARDIAC RHYTHM	50% 100%	1.0
02/19/15	56-19	OPTIMIZING CIRCULATION/EVALUATING VOLEMIA AND FLUID RESPONSIVENESS	70% 90%	1.0
02/19/15	56-20	PEDIATRIC ANESTHESIOLOGY	70% 100%	1.0
02/19/15	56-21	NONCARDIAC SURGERY IN PATIENTS WITH ISCHEMIC CARDIOMYOPATHY/PULSE OXIMETRY	70% 90%	1.0
02/19/15	56-22	MECHANICAL VENTILATION/BLOOD COMPONENT THERAPY	60% 100%	1.0
02/19/15	56-23	INTRAVENOUS FLUID THERAPY/PAIN MANAGEMENT	70% 100%	1.0
02/19/15	56-24	LOCAL ANESTHETIC TOXICITY/PROCEDURES IN THE BRONCHOSCOPY SUITE	70% 100%	1.0
02/19/15	56-25	PATIENT SELECTION FOR AMBULATORY SURGERY	40% 100%	1.0
02/19/15	56-26	LUNG-PROTECTIVE VENTILATION	60% 100%	1.0
02/20/15	56-27	CLINICAL VIGNETTES	80% 100%	1.0
02/20/15	56-28	AMBULATORY ANESTHESIA 2014	70% 100%	1.0
02/20/15	56-30	NITROUS OXIDE: NEW INFORMATION ABOUT AN OLD AGENT	50% 100%	1.0



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### SAMPLE SUPPORTING DOCUMENTS CONTINUING EDUCATION

#### Proof of Completion for Audio Digest

#### CERTIFICATE OF CONTINUING PROFESSIONAL EDUCATION

**Accreditation:** The Audio-Digest Foundation is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

**Designation:** The Audio-Digest

**Audio Digest Proof of Completion must include the following:**

- 1) Employee Name
- 2) All highlighted selections.

Audio-Digest Foundation is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's (ANCC's) Commission on Accreditation. Audio-Digest awards 2.0 contact hours (or 4.0 contact hours for the ACCEL program) for each clinical activity.

DATE: 02/20/2015  
CUSTOMER ID #:   
AANA ID #:   
PASSING GRADE: 80

**THIS PARTICIPANT HAS SUCCESSFULLY COMPLETED THE FOLLOWING CE ACTIVITIES**  
(APPLIES TO TESTS GRADED Feb 18 2015 THRU Feb 20 2015)

DATE	VOLUME ISSUE / LEC	TITLE	PRE/POST-TEST		CE Credits
ANESTHESIOLOGY					
	<u>Volume</u> 56	<u>Issues</u> 1 - 24	<u>AANA Code</u> 1028828	<u>Approval Date</u> 1/1/2014	<u>Expiration Date</u> 12/31/2015
02/20/15	56-31	ANESTHESIA PROFESSIONALS AND THE USE OF ADVANCED MEDICAL TECHNOLOGIES	60%	100%	1.0
02/20/15	56-32	PAIN MANAGEMENT/RESUSCITATION/NUTRITION	50%	100%	1.0
02/20/15	56-33	AMBULATORY CARE/PULMONARY HYPERTENSION	60%	100%	1.0
02/20/15	56-34	MEDICAL ETHICS IN END-OF-LIFE CARE	70%	100%	1.0
02/20/15	56-35	PEDIATRICS: SCOLIOSIS AND REGIONAL ANESTHESIA	60%	100%	1.0
02/20/15	56-36	PEDIATRICS: ANESTHETIC NEUROTOXICITY/OBSTRUCTIVE SLEEP APNEA AND OBESITY	80%	100%	1.0
02/20/15	56-37	PATIENT SAFETY/ENDOVASCULAR PROCEDURES	60%	100%	1.0
02/20/15	56-38	ANAPHYLAXIS AND ANAPHYLACTOID REACTIONS/PREGNANCY AND NONOBSTETRIC SURGERY	50%	100%	1.0
02/20/15	56-39	TRAUMA CARE/ADVERSE PERIOPERATIVE EVENTS AND PERFORMANCE MEASUREMENT	40%	100%	1.0
02/20/15	56-40	ADVANCE DIRECTIVES/PRACTICE MANAGEMENT	20%	100%	1.0
02/20/15	56-41	THE ASA DIFFICULT AIRWAY ALGORITHM	90%	100%	1.0
02/18/15	56-42	COMMON ANESTHESIA ISSUES	40%	100%	1.0
02/18/15	56-43	ANESTHESIA OUTSIDE THE OPERATING ROOM/ANESTHESIA AND THE DEVELOPING BRAIN	30%	100%	1.0
02/18/15	56-44	PERIPHERAL CATHETERS/ACUTE PAIN MANAGEMENT	70%	90%	1.0
02/18/15	56-45	ANESTHESIA DELIVERY OUTSIDE THE OPERATING ROOM	20%	80%	1.0
02/18/15	56-46	AMBULATORY ANESTHESIA/PERIOPERATIVE GLYCEMIC CONTROL	40%	90%	1.0
02/18/15	56-47	EYE SURGERY/MALIGNANT HYPERTHERMIA	20%	100%	1.0
02/18/15	56-48	OBSTETRIC ANESTHESIA/MORBID OBESITY/PEDIATRIC ANESTHESIA	40%	90%	1.0
CE CREDITS: 39.0					
	<u>Volume</u> 57	<u>Issues</u> 1 - 24	<u>AANA Code</u> 1030637	<u>Approval Date</u> 1/1/2015	<u>Expiration Date</u> 12/31/2016



**Audio-Digest Foundation®**  
An affiliate of the California Medical Association  
Box 1898, Glendale, California 91209  
Tel: (818) 240-7500 • Fax: (818) 240-7379  
www.audiodigest.org

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*[Signature]*  
LON OSMOND

VICE PRESIDENT AND EXECUTIVE EDITOR



**KAISER PERMANENTE®**

# National Workforce Planning & Development

National Tuition Reimbursement Administration

## SAMPLE SUPPORTING DOCUMENTS CONTINUING EDUCATION

### Proof of Completion for Audio Digest

#### CERTIFICATE OF CONTINUING PROFESSIONAL EDUCATION

**Accreditation:** The Audio-Digest Foundation is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

**Audio Digest Proof of Completion must include the following:**

- 1) Employee Name
- 2) All highlighted selections.

Audio-Digest Foundation is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's (ANCC's) Commission on Accreditation. Audio-Digest awards 2.0 contact hours (or 4.0 contact hours for the ACCEL program) for each clinical activity.

DATE 02/20/2015  
CUSTOMER ID #  
AANA ID # :  
PASSING GRADE : 70

**THIS PARTICIPANT HAS SUCCESSFULLY COMPLETED THE FOLLOWING CE ACTIVITIES**

**(APPLIES TO TESTS GRADED Feb 18 2015 THRU Feb 20 2015)**

DATE	VOLUME ISSUE / LEC	TITLE	PRE/POST-TEST	CE Credits
<b>ANESTHESIOLOGY</b>				
<b>Volume</b>	<b>Issues</b>	<b>AANA Code</b>	<b>Approval Date</b>	<b>Expiration Date</b>
57	1 - 24	1030637	1/1/2015	12/31/2016
02/19/15	57-01	AIRWAY MANAGEMENT ISSUES	80% 90%	1.0
02/19/15	57-02	PULMONARY CARE/CANCER ISSUES	40% 100%	1.0
02/19/15	57-03	PERIOPERATIVE MANAGEMENT OF THE CHEMICALLY IMPAIRED PATIENT	40% 100%	1.0
02/19/15	57-04	AIRWAY MANAGEMENT IN TRAUMA/CARDIOPULMONARY RESUSCITATION	40% 100%	1.0

CE CREDITS: 4.0

TOTAL CE CREDITS : 43.0

Audio-Digest Anesthesiology Volume 57 - This program has been prior-approved by the American Association of Nurse Anesthetists (AANA) for 48 CE credits; Code Number 1030637; Expiration Date 12/31/16.  
Audio-Digest Anesthesiology Volume 56 - This program has been prior-approved by the American Association of Nurse Anesthetists (AANA) for 48 CE credits; Code Number 1028828; Expiration Date 12/31/15.  
CRNAs must earn a score of 80% to receive credit, and are not permitted to retest, as per the AANA.  
CRNAs may earn 1 credit per issue in Volume 57 from January 1, 2015 to December 31, 2016 and in Volume 56 from January 1, 2014 to December 31, 2015.



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# National Workforce Planning & Development

National Tuition Reimbursement Administration

## SAMPLE SUPPORTING DOCUMENTS FOR COMMUNITY COLLEGES

### Proof of Completion

**Academic History**

Student/Employee Name: [Redacted] Logged in as: [Redacted] (logout)

[Redacted]

**Assessment Levels**  
Reading - 3    Mathematics - 5    Composition - 3

**Cumulative Totals - Delta College Only**

	U/GP	U/C	Gr.	Pt	GPA
Applicable	3.00	3.00	12.00	4.00	
Applicable	9.00	9.00	33.00	3.67	
AA/AS Applicable	9.00	9.00	33.00	3.67	
All Units	9.00	9.00	33.00	3.67	

**Term/Date Range**    **Final Grade**    **Course Name**

\* **Fall 2015**

	Units	Grade	Code	Gr.	Pts	Transferable for
BUS 020	Introduction to Business	3.00	A	12.00	AA CSU UC	
BUS 021	Marketing	3.00	A	12.00	AA CSU	
BUS 031	Intro to Management	3.00	B	9.00	AA CSU	

Term Units: 9.00    Term Points: 33.00    Term GPA: 3.67  
Cumulative Units: 9.00    Cumulative Points: 33.00    Cumulative GPA: 3.67

**Spring 2016**

	Units	Grade	Code	Gr.	Pts	Transferable for
BUS 067	Intro/Personal Finance	3.00	IP	0.00	AA CSU	

Term Units: 0.00    Term Points: 0.00    Term GPA: 0.00  
Cumulative Units: 9.00    Cumulative Points: 33.00    Cumulative GPA: 3.67

## SAMPLE SUPPORTING DOCUMENTS FOR COMMUNITY COLLEGES

### Proof of Payment & Payment Method

**SAN JOAQUIN DELTA COLLEGE**

Registration Records Schedule of Classes Learning Assistance Online Classes

**Fee Payment History** Logged in as: [redacted] (logout)

Payment History

Fall 2015

Fee Type	Amount Paid	Payment Date	Payment Method
02 Enrollment	414.00	Aug 2, 2015 7:00:00 PM	Phone or Web Credit Card
12 Student Rep	1.00	Aug 2, 2015 7:00:00 PM	Phone or Web Credit Card
21 Student Activity	10.00	Aug 2, 2015 7:00:00 PM	Phone or Web Credit Card

Return to [Delta Student System](#)  
Return to [San Joaquin Delta College Home Page](#)

©1997-2015, San Joaquin Delta College Board of Trustees, All rights reserved.  
By using this web site you agree to abide by SJCDC's terms and conditions.

**Receipts must include the following: (please see highlighted selections)**

- 1) School Name
- 2) Employee Name
- 3) Tuition & Fees
- 4) Payment Method




# National Workforce Planning & Development

National Tuition Reimbursement Administration

## SAMPLE SUPPORTING DOCUMENTS FOR COMMUNITY COLLEGES

### Book Receipt

  
San Joaquin Delta College  
Delta College Bookstore  
5151 Pacific Ave  
Stockton, CA 95207  
209-954-5085

Refunds thru the first week of school

STORE:00001 REG:004 TRAN#:7673  
CASHIER: [REDACTED]

FLAT W/DIGITAL AL  
\*NEW\*  
9781453356906 T  
(1 @ 47.77) 47.77

BATEMAN/M. MANAGEME  
\*NEW\*  
9781259678165 T  
(1 @ 129.50) 129.50

BOONE/CONTEMPORARY  
\*NEW\*  
9781119209652 T  
(1 @ 66.65) 66.65

Subtotal 243.92  
T1 Sales Tax (09.000%) 21.95  
TOTAL 265.87  
DEBIT 265.87

Card#: XXXXXXXXXXXX [REDACTED]

Thank You For Shopping With Us!  
All returns require a valid receipt.  
Read store refund policy  
Save your receipts. No Receipt  
No Refund.

V202.63 09/08/2015 01:58PM

Book Receipts must include the following: (please see highlighted selections)

- 1) Bookstore name
- 2) Date of purchase.
- 3) Title of book.
- 4) Cost of Book
- 5) Payment Method

# National Workforce Planning & Development

National Tuition Reimbursement Administration

## TRANSPORTATION DOCUMENT SAMPLES

Thanks for riding Uber!

BILLED TO

Joe

TRIP REQUEST DATE

August 9, 2013 at 04:50pm

PICKUP LOCATION

DROPOFF LOCATION

CREDIT CARD

Personal Visa

BILLED TO CARD

\$24.00

DRIVER  
Mostafa

Fare Breakdown

CHARGES	
Base Fare	\$7.00
Distance	\$8.84
Time	\$9.06
Rounding Down	(\$0.90)
Discount subtotal	(\$0.90)
TOTALS	
Total Fare	\$24.00
Billed to Card	(\$24.00)
Outstanding Balance	\$0.00

Trip Statistics

DISTANCE

3.34 miles

DURATION

19 minutes, 46 seconds

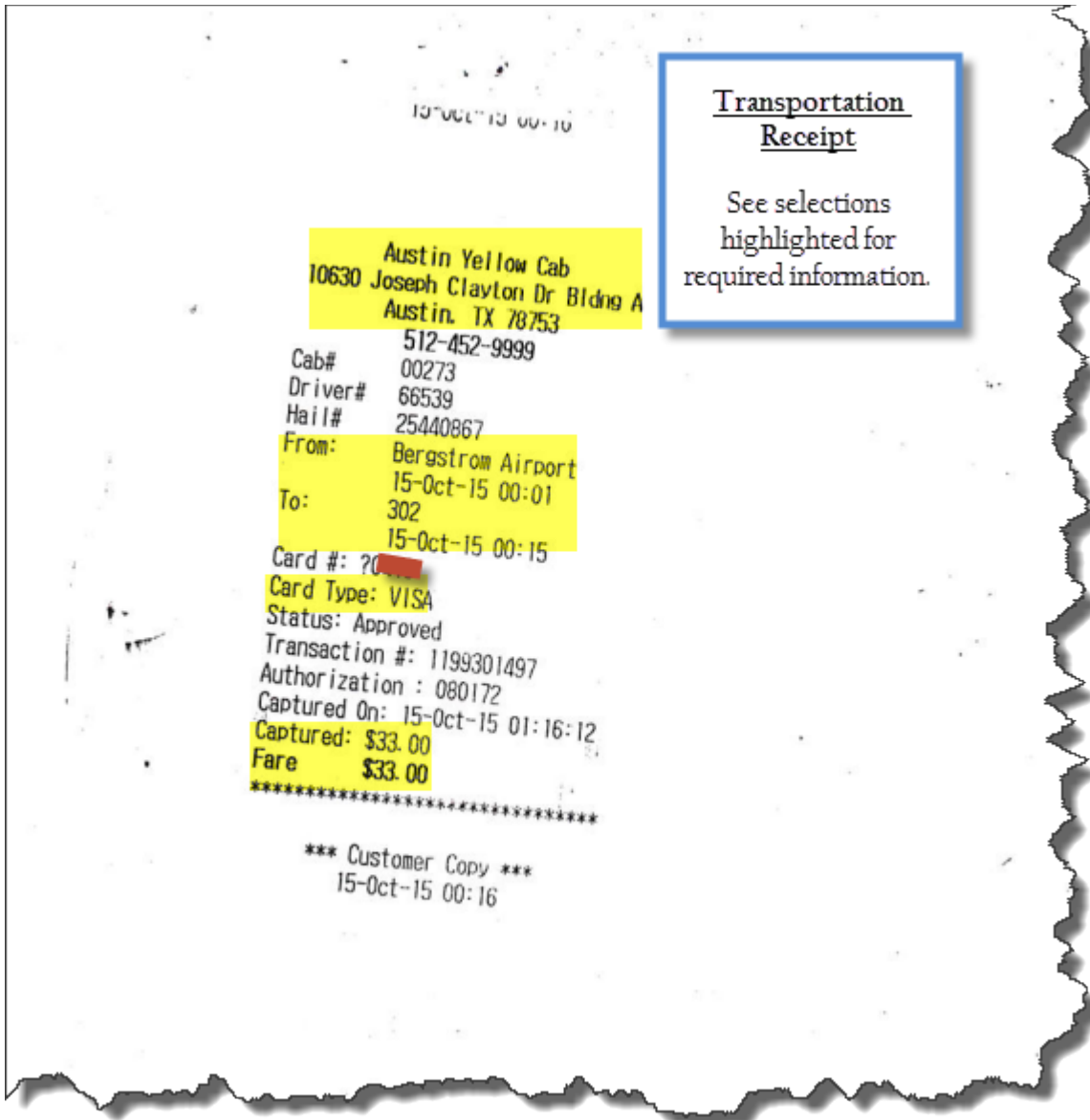
AVERAGE SPEED

10.13 mph

Transportation  
Receipt

See selections  
highlighted for  
required information.

## TRANSPORTATION DOCUMENT SAMPLES



# National Workforce Planning & Development

National Tuition Reimbursement Administration

## TRANSPORTATION DOCUMENT SAMPLES

Print

<https://us-mg5.mail.yahoo.com/neo/launch?.rand=6tfddosf7jmei#355...>

**Subject:** Your itinerary for your upcoming trip  
**From:** JetBlue Reservations (jetblueairways@email.jetblue.com)  
**To:** [REDACTED]  
**Date:** Sunday, August 30, 2015 12:33 PM

Airfare Receipt must include the following (please see selections highlighted):

- 1) Airline Name
- 2) Traveler's Name
- 3) Departure & Return Location
- 4) Travel Dates
- 5) Cost
- 6) Proof of Payment

**jetBlue**

[Flight status](#) [Change/cancel](#) [Manage flights](#) [Travel info](#) [Baggage info](#)

# YOU'RE ALL SET TO JET.

Get ready to enjoy free snacks and drinks, great inflight entertainment and the most legroom in coach.

[LEARN MORE](#)

Your confirmation code is [REDACTED]

This is not your boarding pass.

✈️ YOUR ITINERARY							
DATE	DEPARTS/ ARRIVES	ROUTE	FLIGHT/ OPERATED BY	TRAVELERS	FREQUENT FLIER <sup>1</sup>	SEATS <sup>2</sup>	TERMINAL
Sun, Oct 18	03:29 PM 04:34 PM	AUSTIN, TX (AUS) to LONG BEACH, CA (LGB)	1417 jetBlue	[REDACTED]	B6 3573028621	14C	Main
Sun, Oct 18	08:30 PM 09:52 PM	LONG BEACH, CA (LGB) to SACRAMENTO, CA (SMF)	1166 jetBlue	[REDACTED]	B6 3573028621	13D	Main

Extras: [REDACTED]



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#### Trip 1:

You've purchased a **Blue Plus** fare. This fare option includes **one (1) checked bag per person**. You may pay for additional bags online (within 24 hours of departure), or upon arrival at the airport via an airport kiosk or with an airport crewmember. Some restrictions apply. Please [click here](#) for additional information.

#### Trip 2:

You've purchased a **Blue Plus** fare. This fare option includes **one (1) checked bag per person**. You may pay for additional bags online (within 24 hours of departure), or upon arrival at the airport via an airport kiosk or with an airport crewmember. Some restrictions apply. Please [click here](#) for additional information.

For a detailed receipt, select a customer

Julie Abbott

Ticket number(s)

Please [click here](#) for details regarding change and cancel policies.

<sup>1</sup> To provide a frequent flier number, please call 1-800-JETBLUE (538-2583).

<sup>2</sup> Seat requests on other airlines are not guaranteed until confirmed by the operating carrier.

\$ YOUR PAYMENT					
FORM OF PAYMENT	FARE TYPE	FARE	EXTRAS	TAXES & FEES	TOTAL
Travel Bank: XXXXXXXXXXXX; Credit Card: Visa XXXXXXXXXXXX	NONREF - FEE FOR CHG/CXL	USD168.38		USD35.22	USD203.60



#### Don't get carried away.

You're allowed to bring one carry-on bag onboard. The carry-on must not exceed **22"L x14"W x9"H**. Thank you for keeping these dimensions in mind.



#### From roomy to roomier.

Book an Even More® Space seat for extra legroom, early boarding and early access to overhead bins.

LET'S GO →



BlueTales Blog



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