MP – 113 (Rev 07-15)

COMMONWEALTH OF PENNSYLVANIA
MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION
www.mpoetc.state.pa.us
8002 Bretz Drive
Harrisburg, PA 17112-9748

REQUEST FOR REIMBURSEMENT UNDER ACT 120, 1974
TUITION AND SALARY

1. DATE OF APPLICATION	2. FEDERAL I.D. NUMBER	3. SAP VENDOR NUMBER	4. INVOICE NUMBER

5. OFFICER'S NAME (LAST, FIRST, MI)	6. OFFICER'S SOCIAL SECURITY NUMBER

7. DATE OF HIRE	8. IS THE OFFICER EMPLOYED? (CHECK ONE)	9. POLICE DEPARTMENT TELEPHONE NUMBER
	☐ FULL-TIME ☐ PART-TIME	

10. DEPARTMENT or MUNICIPALITY (Associated with SAP Vendor Number)	11. EMAIL ADDRESS

12. ADDRESS (Associated with the SAP Vendor Number and Department or Municipality)	13. COUNTY

14. CERTIFIED POLICE ACADEMY	15. DATES ATTENDED SCHOOL

16. TUITION				
$_____ TUITION AMOUNT	X	.75	= $_____ TOTAL TUITION REIMBURSEMENT (MINUS ANY SUBSIDIZED GRANT FUNDS)	$
			Sub-Total:	- $
17. SALARY				
$_____ HOURLY RATE	X	340 (.45x754)	= $_____ TOTAL SALARY REIMBURSEMBENT (MINUS ANY SUBSIDIZED GRANT FUNDS)	$
				- $
			Sub-Total:	$

TOTAL OF BLOCK NUMBERS 16 AND 17:

18. I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT, AND THAT I AM SIGNING THIS DOCUMENT WITH THE FULL UNDERSTANDING THAT ANY FALSE INFORMATION OR STATEMENT WILL SUBJECT ME TO THE CRIMINAL PENALTIES OF 18 PA.C.S. §4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

_____ _____
PRINTED NAME/ SIGNATURE OF POLICE CHIEF OR MUNICIPAL OFFICIAL DATE

19.

_____
PRIMARY CONTACT NAME, PHONE NUMBER, AND EMAIL ADDRESS FOR QUESTIONS.