



DEVELOPMENT & TRAINING ALLOWANCE

NAME: _____

ID#: _____ PHONE (local): _____

AMOUNT: _____ DATE: _____

- Please transfer \$_____ from my Development & Training Allowance fund to my Health Spending Account.
- Please apply \$_____ from my Development & Training Allowance fund to my Computer Purchase Plan deductions.
- Please process a reimbursement for the attached receipts:

Description	Amount
_____	_____
_____	_____
_____	_____
TOTAL	_____

Employee signature _____

ER Manager signature _____