

Request for Reimbursement Continuing Legal Education (CLEs)

Livingston County Circuit Court – Juvenile Division - Court Appointed Attorneys

Attorney Name:	P #:
Attorney Address:	
Training Attended:	
	Name:
	Location:
	Dates:
Total Amount of Reimbursement Requested: \$	
	Cost of Registration: \$
	Number of Hours of Training: hours x \$ 100 per hour = \$

- Training Agenda Attached
- Certificate of Completion Attached
- Documentation of Prior Approval Attached, If Required

The undersigned certifies that s/he attended the above listed training in its entirety.

Signature

Date

Please do not write below this line – Office Use Only

Vendor Number: _____

Project String: _____