



License Renewal Reimbursement

Name _____ Amount _____ -

Department (Select from List) _____

LICENSE TYPE

License Type _____ Payroll Code _____ -

CONTACT INFORMATION

Requestor Name
(if different than above) _____

Requestor Email _____

Requestor Phone# _____

REMIT ADDRESS

Send via ONE method below

Email cumgpayroll@uwp.washington.edu

Fax (206) 987-8484

Inter-office mail Mailstop CSB-100 / Box 359300

SUMMARY OF REIMBURSEMENT POLICY

Only renewal of licenses are eligible for reimbursement depending on your department. Requests are due on the 18th of the month and are reimbursed with the next scheduled payroll, payable on the last business day of the month. Reimbursement will be issued as a separate check/direct deposit from regular base pay.

Live checks will be mailed to home address unless you are enrolled in CUMG direct deposit.

A separate form must be submitted for each type of license (do not combine).

Include a copy of the RENEWED license and Receipts to avoid delays.

CUMG OFFICE USE

_____ Qualifies for reimbursement

_____ License copy received