

## CERTIFICATION OF USAGE - FINANCIAL PLANNING SERVICES

### Financial Planning Services Reimbursement

Employee's Name:	Year seeking reimbursement:	
Work Address:	City:	State:

### Certification of Financial Planning Services Rendered

*(Your financial planner must sign this section)*

I have provided financial planning services for _____ for the period beginning _____ and ending _____ for a fee of \$ _____.	
Name/signature of certified financial planner <i>(include copy of certification)</i> :	
_____ Signature	_____ Date

### Employee's Certification of Reimbursement

Actual Costs for Services <i>(include paid invoice(s) or other proof of payment)</i> :	
Amount of Entitlement <i>(50 percent of costs for financial services up to \$200)</i> :	
List the most recent year that you filed and received reimbursement for Financial Planning Services:	

I certify that I have sought advice and consultation services from a certified financial planner on investments, retirement issues and benefit programs for the period for which I am seeking reimbursement. I understand that I may receive reimbursement once every 3 years, and additionally within 12 months of retirement or other voluntary separation. I also understand that if my retirement or voluntary separation does not occur within 12 months, and I am not on the third year of the cycle, then I must return the reimbursement.

\_\_\_\_\_ **Initial**

I understand that falsely certifying usage will lead to my immediate removal from participation in the Service's Financial Planning Services Program without reimbursement for any expenses already incurred or repayment of any reimbursement received, and may result in appropriate disciplinary action. \_\_\_\_\_ **Initial**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Approved to obtain reimbursement:**

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title