

West Virginia Association of Geospatial Professionals

GISP Certification Fee Reimbursement Request

WVAGP Members ONLY

Applicant Information

Name _____

Address _____

Email _____

Personal Phone _____

Work Phone _____

Employer Information

Company/Agency _____

Address _____

Email _____

Phone _____

Reimbursement Information

GISCI Certification Number _____

	Initial Certification	Renewal
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Amount of Claimed Expenses _____

Please provide receipts of all claimed expenses, a copy of your GISP Certification, and proof of any employer contributions (former or current, if applicable).

Please identify employer(s) name and their contributions to the Certification Fee below:

Employer Name _____

Employer Contribution _____

Employer Name _____

Employer Contribution _____

I, _____, hereby state that all claimed expenses were born entirely by me and not paid, or reimbursed, through any employer, agency, or program.

Signature _____ Date _____

Print Name _____

WVAGP Use Only

Date Rec'd _____	Presented to Board _____
Rec'd By _____	Approved by Board _____