## CITY OF LOS ANGELES PERSONNEL DEPARTMENT AFFIDAVIT OF ATTENDANCE/REQUEST FOR REIMBURSEMENT

	, have attended and completed am eligible for reimbursement by the City of Los <u>MOU 64</u> : Confidential Senior Personnel Analyst Unit.
Course:	
Vendor:	
Date(s) of Attendance:	Cost:
I am submitting proof of payment for fees and materials associated with this training/program; and also certify that I have not been reimbursed by any other agency for the expenditures of which reimbursement are being requested herein.	
Signature:	Date:
Return to PIROE-ACE, Personnel Department	nent, Stop #391, Room 100 (PD/PIROE:MOU64-7/19)