



Where HR Professionals
Connect, Develop and Lead



Assurance of Learning Assessment Reimbursement

Date: ____/____/20____

Name:

Address:

Phone: _____ E-Mail: _____

Date Exam Taken: _____

Is copy of proof of passing exam enclosed? Yes No

Is copy of proof of payment enclosed? Yes No

For MAHRA Use Only:

Date Reimbursed: _____ Check Amount: _____

Check Number: _____ Date Mailed: _____