REIMBURSEMENT AGREEMENT
FOR THE
TRAINING ASSISTANCE PROGRAM (TA)
CAMP LEJEUNE, NC

I, _____ , agree to reimburse the government the full amount paid for the training requested on the approved SF182, if I do not complete the training as agreed in my funding request.

If I do complete the training, I agree to provide the Workforce Learning Center a copy of the certificate or grade within 2 weeks of the completion date.

_____ _____

Signature by Individual Requesting Funds Date of Agreement