Instructions for Reimbursement of CMFO Expenses

- **Step 1:** Log into your account at <u>https://apps.cot.tn.gov/CARS/CMFOWelcome.aspx</u>
- Step 2: Once you have logged into your account, click "Reimbursement of Certification Expenses Form"

TENNESSEE COMPTROLLER OF THE TREASURY		
TN Comptroller of the Treasury Local Government	Audit	
Lee Out Main Menu Warning: Please be aware that the Manage my Account (charge address, charge e-mail; etc.) Manage my CPE Classe (edd Continuing Education Unit classe (edd Continuing Education Unit classe (Edd Continuing Education Unit classe	system will time out after 20 minutes of inactivit s 2 a, view CPE statue) For CPAs, CGFMs, and CPFOs	y. Any information you've entered will be lost.** For city employees only required to meet CPE requirements
Incentive Program For Reimbursement of Certi	orms ification Expenses Form Web Policies Disclaimer Department of State	Stipend Authorization Form

The form should look like this.

ENNESSEE WITTEOLLER WITTE TREASURY				
TN Comptroller of the Treasury Local Government Audit				
CMFO Reimburs As an incentive for participation in the CMFO program, munic certification. Eligible expenses include all travel-related expenses each CMFO course after attendance has been verified. Passag	ement of Cert ipalities may be rein ures and fees asso e of the exams afte	ification Expenses Form mbursed for costs associated with their e clated with the CMFO classes. Expenses r each class is not required to receive re	mployees obtaining may be reimbursed imbursement for trav	the CMFO I at the end of vel and fees.
	Main Menu	Manage My Account	Log Out	
Section 1 - CMFO and Employer's Information				
Name of CMFO Candidate *	Susan	Lott		
Personal E-mail	susan.lott@cot.t	n.gov		
Account Number	6552			
Employer Name*				
Employer Address *				
Employer City, State and Zipcode *				
Section 2 - Expenses for the CMFO Program				
Course for Reimbursement*	Cash and Grant	s Management 🗸		
Date of Course *				
Eligible Travel Expenses				
Eligible travel expenses - all related expenses including but not li	mited to mileage to	from classes and exams, lodging, per di	em (meals and incid	entals),
Attach documentation	Choose File	o file chosen	ervisory approvai.	
	0.000001.00	of the chosen		
File Notes				
Eligible Course Expenses *				
Total Submitted Reimbursement				
Are these expenses for a class you repeated?	🗌 Yes			
Disclaimer and Signature				
I hereby certify that the information provided on this form is were allowable for reimbursement in accordance with the m	true and correct to inicipality policies	o the best of my knowledge. All travel- i.	related expenses i	ncurred
By clicking "Submit Application" below (which is my electro knowledge.	nic signature), I ce	rtify that my answers are true and cor	nplete to the best o	of my
Submit Application	Cancel			
Web Policies Disclaimer Departmen	t of State Departmen	t of Treasury General Assembly Tennessee.	gov	
0.2022	Tennesteen Office of the Com	stroller of the Treatury		

SECTION I – CMFO and Employer's Information

Section 1 - CMFO and Employer's Information	
Name of CMFO Candidate *	
Personal E-mail	/
Account Number	
Employer Name *	
Employer Address *	
Employer City, State and Zipcode *	

Instructions for Reimbursement of CMFO Expenses

- **Step 3:** Verify your account information name, account number, and employer. If any of this information is incorrect, please contact our office immediately at 615-401-7841.
- **Step 4:** Enter your employer's address. This address is very important in the process of your reimbursement.

SECTION II – Expenses for the CMFO Program

Section 2 - Expenses for the CMFO Prog	jram
Course for Reimbursement *	Cash and Grants Management
Date of Course *	
Eligible Travel Expenses	
Eligible travel expenses - all related expenses including b parking, etc. Please submit documentation of eligible trav	but not limited to mileage to/from classes and exams, lodging, per diem (meals and incidentals), rel expenses below. This documentation must show evidence of supervisory approval.
Attach documentation	Choose File No file chosen Attach file
Attach documentation	Choose File No file chosen Attach file
Attach documentation File Notes Eligible Course Expenses *	Choose File No file chosen Attach file
Attach documentation File Notes Eligible Course Expenses * Fotal Submitted Reimbursement	Choose File No file chosen Attach file

Step 5: Course for Reimbursement - Select the course within the drop-down menu of the Course for Reimbursement. *Please note that each individual course needs to be completed separately.

Step 6: Date of Course - Select the date you took the course on the calendar. Click on the close button once you have selected the correct date.

Step 7: Eligible Travel Expenses - If you are <u>not</u> claiming travel, leave this box blank. If you put a number in this box, the system will require you to submit documents to support your amount. If you are claiming travel, enter the amount you are claiming. *Please note that suitable secondary documents are required; IE: Travel Expense Forms with management approval signatures and applicable receipts.

Step 8: Browse File - Click the Choose Files button and find the supporting documents (i.e., travel claim, hotel receipt, parking receipts etc.) from where they are saved on your computer. Next, either double click the file or click the file once and hit open to attach the document. Your file <u>must</u> be in PDF format.

Section 2 - Expenses for the CMFO Program	
Course for Reimbursement*	Cash and Grants Management
Date of Course *	
Eligible Travel Expenses	
Eligible travel expenses - all related expenses including but not lim parking, etc. Please submit documentation of eligible travel expense Attach documentation	ited to mileage to/from classes and exams, lodging, per diem (meals and incidentals), ses below. This documentation must show evidence of supervisory approval. Choose File No file chosen Attach file
File Name	
Reimbursement6552-2022-CMFO TEST FILE-7-25-22_8-18-7.pdf	Download Delete
File Notes	
Eligible Course Expenses *	
Total Submitted Reimbursement	
Are these expenses for a class you repeated?	Yes

Be sure to hit the blue "Attach File" button to officially attach the file.

Instructions for Reimbursement of CMFO Expenses

Step 9: Eligible Course Expenses - Enter your course expenses. Once you have entered the course amount, the Total Expenses Submitted for Reimbursement box will be calculated automatically by the system. Please verify the amounts. If the amount is different than what you calculated, make sure you keyed everything as dollars and cents. See photo below:

Section 2 - Expenses for the CMFO Program	
Course for Reimbursement*	Cash and Grants Management 🗸
Date of Course *	7/11/2022
Eligible Travel Expenses	
Eligible travel expenses - all related expenses including but not lim parking, etc. Please submit documentation of eligible travel expens Attach documentation	ited to mileage to/from classes and exams, lodging, per diem (meals and incidentals), ses below. This documentation must show evidence of supervisory approval. Choose File No file chosen Attach file
File Notes	
Eligible Course Expenses *	130
Total Submitted Reimbursement	130
Are these expenses for a class you repeated?	□ Yes

Step 10: Are these expenses associated with a class you repeated? Select Yes or No from the drop-down menu.

Section 2 - Expenses for the CMFO Program	
Course for Reimbursement *	Cash and Grants Management 🗸
Date of Course *	7/11/2022
Eligible Travel Expenses	
Eligible travel expenses - all related expenses including but not lim parking, etc. Please submit documentation of eligible travel expense Attach documentation	ited to mileage to/from classes and exams, lodging, per diem (meals and incidentals), ses below. This documentation must show evidence of supervisory approval. Choose File No file chosen Attach file
File Notes	
Eligible Course Expenses *	130
Total Submitted Reimbursement	130
Are these expenses for a class you repeated?	Ves

Step 11: Disclaimer and signature - Click Submit and you are done.



If you have any questions about any of the steps in submitting your reimbursement, please give us a call at 615-401-7841 or you can email us at <u>LGA.Web@cot.tn.gov</u>.