



**Memorandum**

Date:

To: IC Director

From: "Employee Name Here"  
"Employee Title Here"

Subject: Request for Approval of Appropriated Funds to Pay for Professional Licensure  
Under the Authority of 5 U.S.C. § 5757 (a)

This request is for payment of the following professional license:

Licensure Organization:

Address:

License:

Payment Due Date:

Expense Amount:

Term of license: \_\_\_\_\_ to \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

I am a credentialed health professional at the Clinical Center or another health care facility which requires licensure in order to provide clinical care and the provision of clinical care is required as part of my official duties.

I hereby request payment / reimbursement for the above license in accordance with NIH implementing policy.

\_\_\_\_\_  
Employee Signature Date

I hereby recommend payment / reimbursement in accordance with 5 U.S.C. § 5757 (a), NIH implementing policy and NIH Delegation of Authority Finance #12, entitled "Use of Appropriated Funds to Pay for Professional Licensure."

\$\_\_\_\_\_ Amount

Recommending Official: \_\_\_\_\_  
Scientific Director/Clinical Director Date

Approving Official: \_\_\_\_\_  
IC Director Date

This approval must be retained in the purchase or reimbursement file.