APPLICATION FOR TUITION REIMBURSEMENT

Employee Name: _____ Dept: _____

Date of Request: _____

Education Institution Name: _____

Course Name & Number: _____

Provide a brief course description:

_____

_____

_____

_____

_____

Tuition Fee: $ _____ Amount Requested: $ _____

Is this your first request? ☐-Yes ☐-No

If No, date of last request: _____ Total of previous benefits: $ _____

Employee Signature: _____

Ops Director Signature: _____ Date: _____

☐-Denied ☐-Approved Amount Authorized: $ _____

Accounting Department:

Date check Issued: _____ Check #: _____ Amount: $ _____

Account Code: _____ Approval: _____