



APPLICATION FOR TUITION EXPENSE

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: _____