

# Education Reimbursement Request / Authorization

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_

Educational Institution: \_\_\_\_\_

Major: \_\_\_\_\_

Course Title: \_\_\_\_\_



Is the course required for your degree?      Y    N

Credits: \_\_\_\_\_

Cost of Course:      \$ \_\_\_\_\_

Cost of Books & Fees:      \$ \_\_\_\_\_

Total Cost:      \$ \_\_\_\_\_



Authorization Supervisor: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Grade Report: \_\_\_\_\_

<b>***Business Office Use Only***</b>	
<b>General Ledger Account:</b> _____	<b>Amount Due:</b> _____
<b>Reimbursement Rate:</b> _____	<b>(A 100%, B 75%, C 50%)</b>
<b>Reimbursement Payable to Employee.</b>	

*All approved classes will be reimbursed only from the grade report after the class has been completed.*