



TUITION ASSISTANCE COURSE PAYMENT REQUEST FORM TO BE COMPLETED WITHIN 30 DAYS OF COURSE COMPLETION

Name _____ Job Title _____

Address where reimbursement may be mailed: _____

Course Name(s) _____

Course Credit Hours _____ Course Credit Hours _____

Grade on Course(s) _____

Expense(s)	
Tuition (# of hours completed X amount approved by VP Human Resources)	\$ _____
Fees (Library, Lab, Student)	\$ _____
Text Books	\$ _____
Other	\$ _____
Total Allowable	\$ _____
	<u>x .75</u>

Reimbursable Amount \$ _____

I understand that I must pay the cost of tuition and fees in advance, and upon successful completion of the course(s), the company may reimburse me at the appropriate rate as outlined in the policy. I have attached my grade report and receipt of expenses and I am within 30 days of completion of my class(es).

_____ Date

_____ Signature

Human Resources Use only below:

Approval of VP of Human Resources _____ Date: _____