

REIMBURSEMENT FORM

Employee Training/Development and Faculty/Guild or Dependent Tuition

(This form requires no budget coding.)

Employee Name: _____

Employee College ID: _____

(If Applicable) Dependent Name: _____

(If Applicable) Dependent Date of Birth: _____

Total Requested: \$ _____

Requested By: _____
Signature Date

Approved by: _____
Administrator Signature Title Date

This form requires no budget coding because the fund is from a College account.

ATTACH:

For Retraining:

Original approved request, receipts, other required documentation, and any required report.

For Dependent/Faculty/Administrator Course Reimbursement:

Original approved request (not required for dependents), proof of payment, and proof of completion.

Attach all documents and send to:

Accounts Payable, Room 232 NFL Building.

Reimbursement is made consistent with the provisions in the contract between the College and the Faculty Association or the Guild of Administrative Officers.