



**REQUEST FOR EDUCATION
EXPENSE REIMBURSEMENT
PAYMENT**

DEPARTMENT NAME	AGENCY/DIVISION/SECTION/ETC.
EMPLOYEE NAME	EMPLOYEE ID #
WORK ADDRESS	WORK PHONE
SCHOOL/INSTITUTION (Name and Address)	DATE(S) OF ATTENDANCE
EXPENSES (Valid invoices/receipts from the educational/training organization should be provided to verify amounts below)	
Cost of Tuition/Class Registration Fees \$ _____ Lab Fees \$ _____ Other Fees (Explain - attach additional pages if necessary) \$ _____ Amount of Approved Subsidy \$ _____ Financial Aid Received \$ _____ TOTAL AMOUNT REQUESTED \$ _____	
My signature below verifies that I have provided accurate and complete information.	
EMPLOYEE'S SIGNATURE	DATE

1. Attach valid invoices and receipts from the educational/training facility totaling the amount requested for reimbursement on the Application for Subsidized Education Leave (Form EERL-B), **and an official document** from the educational/training facility **of the grades for the covered classes.**

2. Attach a copy of the Reimbursement Agreement.

3. Sign and date the request for payment, and send it to your immediate supervisor:

(Enter name and address of immediate supervisor)

FOR ACCOUNTING USE ONLY:	
Account Number: _____	Cost Center Code: _____
Authorized Approval: _____	Date: _____