

Course Reimbursement Request

Requested for the ____ Spring, ____ Summer, or ____ Fall Semester of _____.

Important notice: Please return this completed form along with all your receipted invoices and a copy of your transcripts for courses taken **within 30 days** after the course's finish date.

◆ Name: _____ Date Submitted: _____

Actual time required for course: _____ to _____

Total number of weeks: _____

◆ Course Title: _____

Amount of advances received : \$ _____

Credit Hours received: _____ quarter
_____ semester

◆ Expenses

Tuition: \$ _____

Fees (*list types if more than one*): \$ _____ (Cost of books not covered)

Housing (dormitory): \$ _____

Stipend: \$ _____ (Only if you live away from home — \$100 per week)

Mileage (500 miles maximum per year): _____ miles X \$.38 = \$ _____

Flight: \$ _____

Tolls: \$ _____

◆ **TOTAL EXPENSES:** \$ _____

In order for our office to process your summer course work, please be sure to complete and send this form in along with your receipted invoices and your