

PRE-APPROVAL AND REQUEST FOR TUITION REIMBURSEMENT

NAME: _____ A/P VENDOR #: _____
POSITION/DEPARTMENT: _____
NAME OF CLASS: _____
LOCATION: _____
SEMESTER/TERM: _____
COST OF CLASS: _____
REQUIRED FOR: _____

PRE-APPROVAL: SUPERVISOR(S): _____ DATE: _____
DEPARTMENT HEAD: _____ DATE: _____
CITY MANAGER: _____ DATE: _____

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UNDERGRADUATE CLASS _____
GRADUATE CLASS _____
**GRADE OBTAINED: _____
**AMOUNT TO BE REIMBURSED: _____
ORG/OBJECT: _____

APPROVAL: SUPERVISOR(S) _____ DATE: _____
DEPARTMENT HEAD _____ DATE: _____
CITY MANAGER _____ DATE: _____

** A copy of the receipt and grade report must be attached in order to be reimbursed.

cc: Accounts Payable
Employee
File

FILE: O/ALL/FORMS/REIMBURSEMENT/TUITION REIMBURSEMENT.XLS