

TUITION REIMBURSEMENT REQUEST FORM

Rev 9-2018

EMPLOYEE REQUEST

Employee Name _____

Name of Course _____

College or University _____

Session Course was Completed Fall Winter Spring Summer

Number of Semester Hours _____

Please attach OFFICIAL TRANSCRIPT and ITEMIZED INVOICE for the course.

I certify that no wages or stipend has been received as compensation for the course described above.

Employee's Signature _____ Date _____

LPDC APPROVAL

THIS SECTION TO BE COMPLETED BY LPDC MEMBER.

Date Paperwork Received _____

LPDC Signature _____ Date Approved _____

_____ Prior Approval Reimbursement \$ _____

_____ Transcript Total File Semester Hours _____

_____ Itemized Invoice Semester Hours above Masters _____

_____ Update Excel Semester Hours since Renewal _____

_____ Update Database Transcripts Reviewed by _____ Date _____

_____ Requisition _____ Date of e-Mail Notification _____

_____ Purchase Order _____ Step Change _____

Check Number _____ Date _____ Date of Board Approval _____