Request for Reimbursement

External Educational Benefits

Name:_____ Date:_____

Position:_____ Location:_____

Amount requested: _____

The following documents must be attached to this request in order for the reimbursement to be processed:

- ☐ Copy of approved Application for Educational Benefits form.
- ☐ Copy of grade report. Note that a grade of "C" or better is required for reimbursement.
- ☐ Copy of invoice or payment receipt. Note that only tuition expenses will be reimbursed. Books, fees and other non-tuition expenses are the responsibility of the employee.

I hereby request reimbursement for previously approved educational benefits. I understand that if I voluntarily leave employment with The Sullivan University System within 24 months from receipt of this reimbursement, I am required to repay the reimbursement, in full, to The Sullivan University System.

_____

Employee Signature Date

Approvals:

_____

Campus/Division Dir. Approval Date