MAKE CHECK PAYABLE TO (INCLUDE ADDRESS):  

DATE OF REQUEST:  

HOME PHONE:  

WORK PHONE:  

DEPARTMENT:  

DIVISION:  

Training/Retraining stipends are granted for one fiscal year only. If you do not complete the activity before the end of the fiscal year in which it was awarded, your stipend will not be rolled over to the next fiscal year.

PROVIDE COMPLETE EXPLANATION

To obtain reimbursement for your allowable expenses, itemize each expenditure and provide support documentation such as receipts, canceled checks, paid bills, etc. Documentation must indicate that a class has been paid for.

TUITION:  

TOTAL:  

_____ UNITS @ $ _____ PER UNIT  

_____ UNITS @ $ _____ PER UNIT  

BOOKS/OTHER AUTHORIZED SUPPLIES:  

TOTAL:  

FEES:  

TOTAL:  

TOTAL REIMBURSEMENT:  