FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT
ADMINISTRATOR TRAINING/ RETRAINING STIPEND

REQUEST FOR REIMBURSEMENT WORKSHEET

Name: 

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 June 30, 2004, 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: __________

Submit this form to Leticia Lopez in Human Resources. Please allow 2-3 weeks for processing. If you have any questions or need assistance, call extension 6210.