

FOOTHILL DE ANZA COMMUNITY COLLEGE DISTRICT
FACULTY TRAINING/RETRAINING STIPEND

REQUEST FOR REIMBURSEMENT WORKSHEET

DATE OF REQUEST:

HOME PHONE:

WORK PHONE:

DEPARTMENT:

DIVISION:

MAKE CHECK PAYABLE TO (INCLUDE ADDRESS):

*Training/Retraining stipends are granted for one fiscal year only. If you do not complete the activity before June 30, 2005, 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. **Submit your request to Myisha Washington in Human Resources.**

TUITION:

TOTAL: _____

_____ UNITS @ \$ _____ PER UNIT

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BOOKS/OTHER AUTHORIZED SUPPLIES:

TOTAL: _____

FEES:

TOTAL: _____

TOTAL REIMBURSEMENT: _____