

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

REQUEST FOR REIMBURSEMENT WORKSHEET

Name: _____

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 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.