

Request for Reimbursement

Employee's Name:

Job Title:

Department:

Cell Phone:

Are you a full-time employee in active pay status? Yes No

Email:

I am requesting reimbursement for the following pre-approved courses:

Course Information

Course #	Course Name	Start Date	End Date	Credit Hours	Tuition Per Hour	Total <small>(Cr. hrs. x Tuition x .50)</small>
						\$
						\$
						\$
					Total	\$

Total Amount Requested :

Attach the following documentation:

- Copy of an official invoice or statement bearing the school's name and address and reflecting tuition costs and payment in full of such costs. **Copies of canceled checks and credit card receipts are not sufficient.**
- Copy of documentation reflecting the student's name, school term, course name, and grade for the term corresponding to the invoice or statement. Electronic grade documentation is sufficient if from the school registrar.

Courses must have been pre-approved in order to be eligible for reimbursement.

My signature below indicates that the information contained in this application is true and correct.

Employee's Signature:

Date:

Approval of Mobile County Deputy Sheriff and Correctional Officer Foundation:

This Request for Reimbursement has been: Approved Denied

Reason: No Receipt Untimely Filing Did not meet minimum grade requirement Other

Mobile County Deputy Sheriff and Correctional Officer Foundation

Date: