



Mobile County Sheriff's Office

Deputy Sheriff and Corrections Officer Education Foundation

Request for Reimbursement

Employee's Name: _____ Job Title: _____
Address: _____
Department: _____ Work Phone: _____
Are you a full-time employee in active pay status? ___ Yes ___ No

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

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

Total Amount Requested \$

Attach the following documentation:

- Copy of an official invoice or statement bearing the school's name and address and reflecting tuition cost and payments 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 statement. Electronic grade documentation is sufficient if from school registrar.

Course 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: _____

Departmental/Appointing Authority Approval:

For employees under the
appointing authority of the
Mobile County Commission

For employees of the other
Appointing Authorities

Department Head Date

Elected Official Date

Approval of County Administration:

This request for Reimbursement has been: Approved Denied *Reason:* No Receipt
 Untimely Filing
 Did not meet minimum
grade requirement
 Other _____

County Administrator or Representative Date