

PRE-APPROVAL AND REQUEST FOR TUITION REIMBURSEMENT

NAME: _____ A/P VENDOR #: _____
POSITION/DEPARTMENT: _____
NAME OF CLASS: _____
LOCATION: _____
SEMESTER/TERM: _____
COST OF CLASS: _____
REQUIRED FOR: _____

PRE-APPROVAL: SUPERVISOR(S): _____ DATE: _____
DEPARTMENT HEAD: _____ DATE: _____
CITY MANAGER: _____ DATE: _____

** An original copy of the institution's class description must be attached for pre-approval.

*** **

UNDERGRADUATE CLASS _____

GRADUATE CLASS _____

**GRADE OBTAINED: _____

**AMOUNT TO BE REIMBURSED: _____

ORG/OBJECT: _____

APPROVAL: SUPERVISOR(S) _____ DATE: _____
DEPARTMENT HEAD _____ DATE: _____
CITY MANAGER _____ DATE: _____

** A copy of the paid receipt and grade report must be attached in order to be reimbursed.

cc: Accounts Payable
Employee
File