REQUEST FOR REIMBURSEMENT WORKSHEET

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 the end of the fiscal year in which it was awarded, 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:**  

PLEASE RETURN COMPLETED FORM WITH DOCUMENTATION TO THE VICE CHANCELLOR'S EXECUTIVE ASSISTANT, HUMAN RESOURCES. FOR QUESTIONS OR INFORMATION - PLEASE CONTACT EXT. 6210