

FOOTHILL DE ANZA COMMUNITY COLLEGE DISTRICT

FACULTY TRAINING/RETRAINING STIPEND

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

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BOOKS/OTHER AUTHORIZED SUPPLIES:

TOTAL: _____

FEES:

TOTAL: _____

TOTAL REIMBURSEMENT: _____