

Tuition Fee Reimbursement Request

Standard Form

EMPLOYEE INFORMATION

Name:

Employee ID:

Department:

Contact Number:

Email Address:

COURSE/PROGRAM INFORMATION

Institution Name:

Course/Program Title:

Course Start Date:

Course End Date:

Purpose/Description:

REIMBURSEMENT DETAILS

Total Tuition Fee (in currency):

Amount Requested for Reimbursement:

Supporting Documents Provided: Select

Date of Request:

DECLARATION

I hereby declare that the information provided is true and complete

Employee Signature:

Date:

FOR OFFICIAL USE ONLYApproved By: Date: Remarks: **IMPORTANT NOTES**

- Ensure all required documents are properly attached to avoid processing delays.
- The approval of reimbursement is subject to company policy and management discretion.
- Any false information may result in disciplinary actions and reimbursement denial.
- Submit the completed form within the timeline stipulated by HR.
- Partial reimbursement may apply based on eligibility and expense review.