

Employee Tuition Reimbursement Claim Form

Employee Name: _____

Employee ID: _____

Department: _____

Supervisor Name: _____

Email Address: _____

Phone Number: _____

Course/Program Information

Institution Name: _____

Course/Program Title: _____

Start Date: _____ End Date: _____

Course Description: _____

Expense Details

Description	Amount	Date Paid	Receipt Attached
Tuition	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Books/Materials	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Total Amount Requested: _____

Employee Certification

I certify that the above information is true and accurate. I have attached all necessary documentation and understand that reimbursement is subject to company policy.

Employee Signature: _____

Date: _____

For HR/Manager Use Only

Approval Signature: _____

Date: _____

Comments:

Important Notes

- Ensure all receipts and proof of payment are attached to your submission.
- Claims must be submitted within 30 days of course/program completion.
- Reimbursement is subject to management approval and policy eligibility.
- Incomplete forms may result in delayed processing or denial.
- Contact HR for questions regarding eligible expenses or policy details.