

# Employee Tuition Reimbursement Claim Form

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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## Course/Program Information

Institution Name: \_\_\_\_\_

Course/Program Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Course Description:

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## 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: \_\_\_\_\_

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## 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: \_\_\_\_\_

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## For HR/Manager Use Only

Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

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## **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.