

Simplified Tuition Fee Reimbursement Application

Employee Name: _____

Employee ID: _____

Department: _____

Designation: _____

Contact Number: _____

Email: _____

Course Details

Course/Program Name: _____

Institution Name: _____

Duration: _____

Course Start Date: _____

Course End Date: _____

Reimbursement Details

Tuition Fee Amount: _____

Amount Requested: _____

Payment Mode: _____

Bank Account for Refund: _____

Declaration

I hereby declare that the information provided above is true and the tuition fee receipts are attached. I request reimbursement as per company policy.

Employee Signature: _____

Date: _____

Office Use Only

Approved Amount: _____

Approver's Name/Sign: _____

Important Notes

- Attach authenticated tuition fee receipts and supporting documents.
- Ensure the course/program is pre-approved as per company policy.
- Submit the application within the stipulated deadline after course completion.
- Incomplete forms or missing documents may result in delays or rejection.
- The decision of the Accounts/HR department is final regarding reimbursement.