

# TUITION REIMBURSEMENT INVOICE

INVOICE #  
DATE

---

EMPLOYEE/STUDENT NAME  
ID NUMBER  
DEPARTMENT/ACADEMY  
MAILING ADDRESS  
EMAIL ADDRESS

| Course Code | Course Description | Completion Date | Cost |
|-------------|--------------------|-----------------|------|
|             |                    |                 |      |
|             |                    |                 |      |
|             |                    |                 |      |

SUBTOTAL  
TOTAL REIMBURSEMENT CLAIMED

APPLICANT SIGNATURE  
ADMINISTRATOR APPROVAL

Note: Please attach all original receipts and proof of course completion/grades to this invoice for processing.