Request for Reimbursement

Employee's Name: _____ Job Title: _____

Department: _____ Work Phone: _____

Are you a full-time employee in active pay status? ___Yes ___No

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I am requesting reimbursement for the following pre-approved courses:

Course Information

Course #	Course Name	Start Date	End Date	Credit Hrs	Tuition per Hour $	Total (Cr. hrs. x Tuit. x .50)
					$	$
					$	$

Total Amount Requested $

Attach the following documentation:

- Copy of an official invoice or statement bearing the school's name and address and reflecting tuition costs and payment in full of such costs. **Copies of canceled checks and credit card receipts are not sufficient.**
- Copy of documentation reflecting the student's name, school term, course name, and grade for the term corresponding to the invoice or statement. Electronic grade documentation is sufficient if from the school registrar.

Courses must have been pre-approved in order to be eligible for reimbursement.

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My signature below indicates that the information contained in this application is true and correct.

Employee's Signature: _____ Date: _____

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Departmental/Appointing Authority Approval:

For employees under the appointing authority of the Mobile County Commission

_____ _____
Department Head Date

For employees of other Appointing Authorities

_____ _____
Elected Official Date

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Approval of County Administration:

This Request for Reimbursement has been: ☐ Approved ☐ Denied *Reason:* ☐ *No Receipt*
☐ *Untimely Filing*
☐ *Did not meet minimum grade requirement*
☐ *Other* _____

_____ _____
County Administrator or Representative Date