



TUITION REIMBURSEMENT REQUEST

Employee Information

Name	EID	Department
School Attended	Semester	Year

Note: Processing fees, books, registration fees and other non-tuition fees (parking, etc) are not reimbursable under the terms of the Town of Marana policy.

Course No.	Course Name	Credit Hours	Date Course Completed	Final Grade	Cost per credit \$	Actual Cost \$
					Total Tuition Cost	\$

Total Reimbursement (Tuition Cost x .75) \$ _____

Employee Certification

I certify that I have attended the course(s) noted in the foregoing, and that the costs have been reflected accurately.

Employee Signature	Date
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Approvals

Human Resources	Date
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Payroll: Date Processed PPE ____/____/____