



Business Services/Accounts Payable
Tuition Reimbursement Form

Date:

Employee Name:

Employee #:

School:

Work #: ☐ Principals/Deans (LASA) (6 credits maximum per year)

Account code: 01-100-050-000-299-000 LASA

☐ Non-Affiliate (\$2,500 maximum per year)

Account code: 01-005-160-000-299-000

College/University:

Address:

City, State & Zip Code:

Degree Level: Undergraduate

Graduate

Course Title	Term Taken	Credits Taken	Cost
Totals:			
Total Amount Requested to be Reimbursed:			

Business Services use only:

Previous amount reimbursed: _____

Previous credits taken: _____

Allowable reimbursement amount: _____

Approved by Business Services: _____ Date: _____

Approved by HR: _____ Date: _____