

# Reimbursement for Credits

\_\_\_\_\_  
Certified Employee

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Institution Granting Credit

\_\_\_\_\_, 2\_\_\_\_\_  
Date of Course Completion

Courses

Hours of Credit

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Credit Hours**

\_\_\_\_\_

This request for reimbursement must be accompanied by proof of satisfactory completion of course(s); i.e. official transcript of report of final grade. Cost of credit must be documented by credit card receipt or cancelled check. Reimbursement must be requested within one year of course completion.

---

## For Office Use Only

Amount approved for reimbursement \$ \_\_\_\_\_

\_\_\_\_\_

Official Approving

\_\_\_\_\_

Date

Date of Payment \_\_\_\_\_, 2\_\_\_\_\_