



STUDENT ACCOUNTS OFFICE  
EMPLOYER REIMBURSEMENT FORM

Employee Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Reimbursement Policy**

Company % \_\_\_\_\_ Employee Percent % \_\_\_\_\_

Invoice to be mailed to: (Circle One)	Employer	Employee
Registration Fee: \$20.00 (Circle One)	Paid by Employer	Paid by Employee
Technology Fee: \$50.00 (Circle One)	Paid by Employer	Paid by Employee

Signature of Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_

At the time of registration, the employee is responsible for his/her portion. Acceptable forms of payment are cash, check, Visa, MasterCard, American Express and Discover or Tuition Management Systems (TMS).

*Note: Employer portion is due once grades are received by student. Students wishing to participate in this program must complete paperwork each semester.*