City of Tumwater Tuition Reimbursement Application



Employee Signature					Date	
I also understand that reim completion of the course(s department. Proof of payn completion must be attach	i), receipt for payr nent may be attac	ment of the cou ched with eithe	urse(s), and any r pre-approval o	other docum	entation that is requi	ired by the
I understand that this is an availability of funds. This recost or other expenses.						
*If modified or denied, ple	ase attach descrip	otion or explana	ation.			
City Administrator						
ASD Director			-			
Dept. Director	-	+	+		-	
Dont Director	Pre-Approval	Reimburse Approval	Modify*	Deny*	Signature	
Recommendations/	Approvals:					
Special Notes/Comments						
(add formula if possible –		50%)				
Costs)		-				
Reimbursement Request	(50% of Total Elig	ible				
(add formula if possible – CH)	total divided by 1	.Uldi				
Cost Per Credit Hour (Tot		otal				
Total Credit Hours	1.5					
Request)						
Total Eligible Costs (Attac	h with Pre-Appro	val				
Additional Course/Credits						
Additional Course/Credit						
Additional Course/Credits						
Class Names/Credit Hour	 S					
Date Classes Begin Date Classes End						
Name of College						
		F16-7	, ippi ovai	Neimbu	Jement	
Department Application Type		Dro-	Approval	Reimbu	rsement	
Donartmont						
Title						