

Town of Beaufort 701 Front St. • P.O. Box 390 • Beaufort, N.C. 28516 252-728-2141 • 252-728-3982 fax www.beaufortnc.org

Tuition Reimbursement Request Form

Payee: _____

Date: _____

Employee's Out-of-Pocket Reimbursement Request

Payments from Financial Aid, sponsorships and/or scholarships to your account are to be deducted from the total cost of the tuition so that the applicant is reimbursed only for out-of-pocket costs, up to the maximum allowed per year. By signing this request form, you are certifying that that the refund request is for your out-ofpocket only.

Department:	Employee Signature:	
Department.	 Linployee Signature.	

Account Number: _____

Department Official Signature:

HR Manager: _____

Finance Director: _____

Instructions:

- 1. Employees must complete the top portion of this form.
- 2. Employees must attach the payment receipts for the class and proof of passing the course.
- 3. Obtain the signature of your department manager. Reimbursement must be requested withing 30 days of course completion.
- 4. After signature is obtained, please forward form to HR.
- 5. HR verifies and checks for accuracy. HR will submit to Finance for payment.