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FOR OFFICE USE ONLY

G/L Account _____

Exhibit Y

EDUCATION REIMBURSEMENT REQUEST

Employee Name _____ Department _____

Description of Course _____

COURSE INFORMATION

Name of Institution: _____

Course Beginning Date _____ to Ending Date _____

Tuition Cost: \$ _____ **PLEASE ATTACH COPIES OF ALL RECEIPTS, INVOICES OR OTHER SUPPORTING DOCUMENTS, IF APPLICABLE**

Required Course Materials: _____	\$ _____
Description	Cost
_____	\$ _____
Description	Cost
_____	\$ _____
Description	Cost
Other Costs: _____	\$ _____
Description	Cost
_____	\$ _____
Description	Cost

TOTAL COST

Tuition Cost:	\$	_____
Materials:	\$	_____
Other:	\$	_____
<hr style="border: 1px solid black;"/>		
TOTAL	\$	_____

Employee Signature Date

Department Head Signature Date

Finance Director / Treasurer Date

Mayor/Administrator or Manager Date