



Hampden-Sydney College
Request for Dependent Tuition Aid Reimbursement

Employee Name: _____ Department: _____

Title: _____ Dependents Name: _____

College Dependent is Attending: _____

Semester: _____ School Year: _____

I am requesting reimbursement for the following expenses (copy of bill is attached):

$$\begin{array}{r} \$ \frac{\quad}{\text{Tuition Cost}} + \frac{\text{N/A}}{\text{Lab Fees}} = \$ \frac{\quad}{\text{Total Expense}} \end{array}$$

Mail Reimbursement check to:

Signature of Employee: _____ Date: _____

Human Resources Department

Pay Tuition and Fees: \$ _____

Account Number: 10-50-16700-5536

Approved for Reimbursement : _____ Date: _____
Human Resources Assistant

Accounts Payable Department

Paid: _____ Date: _____