



Cal Poly Corporation Educational Reimbursement Program

Reimbursement Request Form

Employee Name: _____

Department: _____

Phone: _____ Email: _____

Educational Institution: _____ Degree Pursing: _____

Term & year for reimbursement: _____ Grad/Undergrad/Other: _____

Employee address to mail reimbursement: _____

City: _____ State: _____ Zip code: _____

Amount requesting to be reimbursed: _____

Itemized List

Course	Units	Cost	Grade	Course Dates	Explanation/Details (e.g. loan amount)

Please attach an itemized receipt of cost for the courses you are requesting reimbursement. CPC does not reimburse for books, electronic course materials, graduation fees, etc. Maximum fee reimbursement matches Cal Poly fees for 6 units or less in the respective major and quarter that the matriculated degree program begins (see program guidelines). **CPC does not reimburse for grants, if receipt includes a mix of grants and loans, indicate the proper amount in "Explanation/Details (e.g. loan amount)" section.**

Reimbursement form must be submitted within 30 days of grades being published for the requested term.

Employee Signature _____ Date _____

To be completed by Human Resources Representative	
Payment Authorized \$ _____	Date check request submitted _____
Approval Signature _____	Date _____