

Reimbursement Request Form

Submit to: as.employeebenefits@nebraska.gov

Teammate:

First Name MI Last Name

Employee ID Work Email

Child of Teammate:

First Name MI Last Name
Date of Birth: _____ Student ID# _____ Term _____

Reimbursement Document(s) Submitted to Display:

- Paid Account Activity Summary showing tuition breakdown by type of cost
- Validation of approved program/Degree Audit
- Validation of Pass or 'C' or better grade. Final Grade report
- Submitted within 30 days of end of term

For DAS State Personnel Office Use Only:

Received ___/___/___	Reimbursement Eligible? Y / N	Amount:
Teammate Verification of Employment: Y / N		
Processed by _____	Date ___/___/___	
Comments:		