

FORM #2Submit after
completion of course**COGH Tuition Reimbursement****Payment Request Form**

Employee	Name _____
	Course number _____ Credit hours _____
	Course name _____
	Amount of Reimbursement Approved \$ _____
	Did this course fulfill your program requirements to graduate? _____ Yes No
	If yes, when do you graduate? _____
	What degree/certification did you earn? _____
	Attach the following: Grade report showing successful completion of the course Bill/statement showing the total amount paid or owed for this course.
	If reimbursement is allowed, the employee shall remain in COGH employment for at least two (2) years after completion of the course. If the employee leaves COGH employment before such time, the employee shall repay to COGH a proportionate share of the reimbursed expense. The repayment shall be deducted from any payouts, and the remaining balance shall be paid by the employee.
	Signature _____ Date _____
	Send completed form to Human Resources (hr@grandhaven.org)

Human Resources	Amount to be paid \$ _____
	Complete voucher and submit to AP.
	Signature _____ Date _____