

## Reimbursement Request Form

Submit to: [as.employeebenefits@nebraska.gov](mailto: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 \_\_\_\_\_

- My child is not currently enrolled in or attending high school.

### 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 ___/___/___	
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