

Course Completion

Complete this form after completing an accredited course. Attach the signed form, along with expense receipts, to your expense claim for reimbursement.

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Employee Name			
Department			
Course Name			
Course Description			
School Name	Eg: ABC University, Sheraton Conference Center, online course		
Course Dates	From: DD/MM/YYYY To: DD/MM/YYYY		
Costs	Tuition: \$Cost Description Additional Costs: \$Cost		
Pre-Approval Received for Reimbursement?	Yes No I		
Training or Tuition Reimbursement Agreement signed?	Yes No No If yes, attach copy of signed agreement. Required for training costs in excess of CUSTOMIZER: Insert cost ceiling. EXAMPLE: \$5,000 per year <excluding including=""> wages to attend the training</excluding>		
Final Mark Received	Attach copy of your transcript		
Reimbursement	Authorization		

TO BE REIMBURSED

Tuition	☐ 100%☐ 50%	25% Other: Specify
Other Expenses	Travel - % Mileage/Parking - %	Books - % Other: Description - %

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