

**LAKE UNION CONFERENCE
OFFICE OF EDUCATION
Tuition Reimbursement Request Form**

This report is to be submitted by Conference Office of Education/Senior Academy Treasurer

GENERAL INFORMATION				
Name of Teacher	Address (Street/P.O. Box)	(City)	(State)	(Zip)
Conference	Address (Street/P.O. Box)	(City)	(State)	(Zip)
Teaching Certificate Held (Basic, Standard, Professional)		Expiration Date of Certificate		
College/University Attended	Semester/Quarter (Summer, Fall, Winter, Spring)		Number of hours	

REPORTABLE EXPENSES:	
Tuition Cost (per credit hour)	Total Tuition Cost
Fees (explain, computer lab, etc.)	Total Cost of Fees
Enclose payment receipt/s	

SIGNATURES	
Teacher's Signature	Date
Approved Signature - Superintendent of Education/Academy Principal	Date

PAYMENT WILL BE MADE AFTER LUCOE RECEIVE OFFICIAL TRANSCRIPT

For Lake Union Conference Office of Education Use ONLY

RETURN TO:
Lake Union Conference Office of Education
P.O. Box 287
Berrien Springs, MI 49103

FAX: 269-471-7920

TOTAL APPROVED \$ _____
DATE APPROVED _____
APPROVAL _____
Union Director's Signature

