



**CITY OF COACHELLA
REQUEST FOR PAYMENT (FORM B)
EDUCATION REIMBURSEMENT**

EMPLOYEE NAME: _____

DATE: _____

DEPARTMENT: _____

NAME OF COURSE/CERTIFICATE/ LICENSE:	DATE COMPLETED:	TOTAL COST

Employee Signature

Date

Attach the following backup documentation to this form:

- a) copy of course(s) grade report/certificate of completion/license
- b) copy of payment receipts for amount requested
- c) copy of the approved Education Reimbursement Request form

DEPARTMENT DIRECTOR:

Approved: Yes _____ No _____ (if no, state reason) _____

Department Director/Supervisor Signature

Date

HUMAN RESOURCES ONLY	
Grades/Receipts Submitted:	Yes _____ No _____
Total Amount To Be Reimbursed:	\$ _____
What Fiscal Year is this for?	_____
Account Number:	_____
<i>Human Resources Signature:</i>	_____
<i>Date:</i>	_____