

**PARENT AND CHILD TOGETHER
(PACT) FOR
WEST CENTRAL ILLINOIS**

Tuition Grant Reimbursement Form

Employee Name: _____

Position/Title: _____

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<u>Course Description</u>	<u>Credit Hours</u>	<u>Grade</u>	<u>College/University</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please attach the following and forward to the Fiscal Officer:

_____ Written approval of the Executive Director to ensure this coursework falls under the federal regulations. (Copy of signed Tuition Grant-Request/Review of Classes Form).

_____ Final Grade Report of "C" or higher. (It is staff's responsibility to also submit grades/credits to the Adm. Assistant for inclusion in personnel file.)

_____ Receipt of payment of course(s), books, and fees.

_____ Copy of PDF funding award letter or copy of check if applicable.

I certify that the above course(s) were completed during the time of my employment with the PACT agency, and that they were related to the field in which I am employed or in which I may reasonably be expected to be working.

Signature _____ Date _____

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FISCAL USE ONLY		
Program #	Department #	Account #
Tuition/Workshop Previous Balance		
Amount-Charged to Balance		
Remaining Balance		
Amount approved to Reimburse		

Executive Director's Signature _____ Date _____