

EXPENSE FORM
SUPPLEMENTAL EDUCATIONAL ASSISTANCE PROGRAM

Michigan State University Extension
for Non-Academic Employees

NAME _____

SSN OR Z-PID _____ TITLE _____

COUNTY _____ Semester/term for which supplemental expense is being
claimed: _____

Following local signatures, a program participant submits this form within sixty (60) days following completion of the semester/term. Classes leading toward a degree must be taken for credit and completed with a passing grade as defined by the non-academic Educational Assistance policy. It is the responsibility of the person requesting reimbursement to fill out this form accurately and attach the necessary original receipts. The amount of the reimbursement will not exceed \$500 per academic year (September-August). The reimbursement is considered taxable income.

I request reimbursement for expenses as listed below and certify that the information provided is accurate. I understand that this reimbursement is considered taxable income.

Signature

Date

I certify that the above named individual has been approved to request reimbursement for courses:

Signature of Supervisor

Date

Signature of Institute Director

Date

Tuition (amount beyond MSU Ed Assist) \$ _____ Attach billing statement

Books \$ _____ Attach receipt

Fees \$ _____ Attach receipt

Supplies \$ _____ Attach receipt

Travel \$ _____

Less other economic assistance (specify) \$ _____

Total \$ _____

Attach transcript or grade report along with this form and other receipts.

Send all to: MSU Extension, Business Office
Justin S. Morrill Hall of Agriculture
446 W Circle Dr, room 160
East Lansing, MI 48824

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