

**Reimbursement Request Form**

**Submit to:** as.employeebenefits@nebraska.gov

**Teammate:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name MI Last Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee ID Work Email

**Child of Teammate:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name MI Last Name

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Term\_\_\_\_\_\_\_\_\_\_\_

* My child is not currently enrolled in or attending high school.

**Reimbursement Document(s) Submitted to Display:**

* Paid Account Activity Summary showing tuition breakdown by type of cost
* Validation of approved program/Degree Audit
* Validation of Pass or ‘C’ or better grade. Final Grade report
* Submitted within 30 days of end of term

**For DAS State Personnel Office Use Only:**

Received \_\_\_/\_\_\_/\_\_\_\_ Reimbursement Eligible? Y / N Amount:

Teammate Verification of Employment: Y / N

Processed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_

Co777-mments:7

Revised 2/2023