

Tuition Reimbursement Expense Form

Employee Information

Employee Name: _____

FT/PT Employee: _____ Course Start Date: _____ Course Completion Date: _____

Number of Courses Attempted _____ Number of Courses Completed _____

Reimbursement Amount Requesting

Total Amount Requesting: _____

Out-of-Pocket Expenses

Tuition	\$
Student Loans	\$
Lab/Class/Student Fees	\$
Required Textbooks/Software	\$
Entrance Exam Fees	\$
TOTAL	\$

Statement of Acknowledgement

I acknowledge that I have read and understand the policies regarding the Ancestry's Tuition Reimbursement Program Policy. I also understand that all requirements outlined therein must be met before I qualify for any tuition reimbursement from the company.

Furthermore, I understand that it is my sole responsibility to seek clarification from the appropriate Employee Benefits Representative on policies where needed. In addition, I accept all terms and conditions outlined in the policy regarding the Education Expense Program.

Employee Signature: _____

Date: _____