

**Reimbursement Request Form**

Submit to: [as.employeebenefits@nebraska.gov](mailto: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 ___/___/___	
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