

214 East 23rd Street • Cheyenne, WY 82001 • (307) 633-7871 (Human Resources) • www.cheyenneregional.org

## **Education Assistance Reimbursement Form**

In the space provided please outline each class that you have completed in the last 45 days. Submit the completed form and supporting documentation to <a href="mailto:Human.Resources@crmcwy.org">Human.Resources@crmcwy.org</a>.

Last Name		First Name		Employee ID
ob Title	Depa	rtment		
Course Title	Number of Credit Hours	Cost per Credit Hour	Course Start Date	Course End [
or the course(s) listed	d above please list total cos	ts:		
Course Expense \$	Book Expense \$		Lab Fees \$	
Total Reimbursement	Request: \$			
	Required Support	ing Documentation	n:	
□Final Grade:	S □Out of Pocket Payment	•		mary
	·			•
Employee Signature		Date		