

REQUEST FOR STATE TUITION REIMBURSEMENT

NAME _____ DATE _____

SSAN _____ CURRENT UNIT ASSIGNMENT _____

CONTROL NUMBER (FROM LETTER OF ELIGIBILITY) _____

AUTHENTIC DOCUMENTS REQUIRED FOR REIMBURSEMENT (PLEASE ATTACH):

- 1) OFFICIAL INVOICE/BILL FROM COLLEGE/UNIVERSITY \$ _____
- 2) RECEIPT SHOWING STUDENT PAYMENTS \$ _____
- 3) OFFICIAL GRADE(S) REPORT / OFFICIAL TRANSCRIPT - INTERNET GRADE(S) NOT ACCEPTABLE

IF STUDENT PAYMENT IS LESS THAN AMOUNT ON OFFICIAL INVOICE, PLEASE EXPLAIN:

Required Direct Deposit

Register at website

<https://dew9.accounting.delaware.gov>

[v/accounting/w-](https://dew9.accounting.delaware.gov/v/accounting/w-9.nsf/w9_Emp!OpenForm)

[9.nsf/w9_Emp!OpenForm](https://dew9.accounting.delaware.gov/v/accounting/w-9.nsf/w9_Emp!OpenForm)

FOR REIMBURSEMENT CHECK:

STREET _____

CITY/STATE/ZIP CODE _____

HOME PHONE / CELL PHONE _____

CERTIFICATIONS BY MEMBER:

I certify that the above information with regard to my reimbursement claim is correct, and I understand that any intent to falsify any supporting documentation constitutes fraud and will be cause for disciplinary action.

MEMBERS SIGNATURE

DATE

DNG Form 600-4(RE)

01 JAN 2010

DE-ARP-ES

This form is reproducible.

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