Department of Administrative Services - State Personnel
Children of State Teammate Tuition Reimbursement Program



Reimbursement Request Form

Submit to: as.employeebenefits@nebraska.gov

<u>Teammate:</u>		
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 Reimbursement Documer ☐ Paid Account Activity ☐ Validation of approve ☐ Validation of Pass or ☐ Submitted within 30 For DAS State Personnel Office	nt(s) Submitted Summary showing program/Degree 'C' or better grade days of end of terms	to Display: Ig tuition breakdown by type of cost Re Audit Re Final Grade report
Tor BAS State Fersonner Sine	c osc omy.	
Received/		ment Eligible? Y / N Amount:
Teammate Verification of Employn		
Processed by Date/		
Co777-mments:7		