



CICERO CHRISTIAN CHURCH

1715 Stringtown Pike / Cicero, Indiana 46034 / 317.984.4653

reachteachserve.org

Tuition Reimbursement Request Form

Effective January 1, 2006, this form must be submitted to the Elders for approval in advance of any Tuition Reimbursement Requests. See Continuing Education / Training / Travel Reimbursement Policy.

Date Submitted: _____

Ministry Staff Requesting: _____

Name of Class: _____

How will this class improve your ability to minister?: _____

Date(s) of Class: _____

Name and Location of School: _____

Accreditation of School: _____

Will this class require you to be out of the office on any regularly scheduled office days?

Explain: _____

Funding

budgeted describe _____ \$ _____

cash account describe _____ \$ _____

other _____ \$ _____

Total Estimated Funding \$

Cost *(non-local travel requires Travel Planning Form be completed)*

tuition fee _____ \$ _____

Total Estimated Cost \$

Approval

Elder Representative Signature

Tuition Reimbursement Request Form

Date:

11/3/2005