



Tuition Payment Form

Attach itemized receipts and evidence of satisfactory course completion (grades) within 60 days of completing each approved course. All fields are required.				
First Name:		Last Name:		Date:
I attest that the following statement is accurate: <input type="checkbox"/> True <input type="checkbox"/> False I am not on any Written Warning(s), Final Written Warning(s), or Performance Improvement Plan(s).				
Course Title(s)	Course Cost	Books Cost	Course Fees	Total
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Total Cost:				\$

Employee Acknowledgment		
I verify that the information provided is accurate and complete. I have read the 2019 Verra Mobility Tuition Reimbursement Program Guidelines and agree to the terms and conditions. If the tuition benefit is considered taxable, the benefits will be subject to automatic tax withholding at the time of reimbursement.		
Employee Signature:		Date:
HR USE ONLY		
Employee #:	Dept. #:	Payout Date:
HR Approval Notes (optional):		Amount Approved to be paid: \$
Payment Authorizer Name:	Authorizer Signature:	Date: