

**EXPENSE FORM**  
**SUPPLEMENTAL EDUCATIONAL ASSISTANCE PROGRAM**  
 Michigan State University Extension  
 for Non-Academic Employees

NAME \_\_\_\_\_

SSN or Z-PID \_\_\_\_\_ TITLE \_\_\_\_\_

COUNTY \_\_\_\_\_

Semester/term for which supplemental expense is being claimed: \_\_\_\_\_

Following local signatures, a program participant submits this form within sixty (60) days following completion of the semester/term. Classes leading toward a degree must be taken for credit and completed with a passing grade. It is the responsibility of the person requesting reimbursement to fill out this form accurately and attach the necessary original receipts. The amount of reimbursement will not exceed \$500 per year (Fall through Summer). The reimbursement is considered taxable income.

I request reimbursement for expenses as listed below and certify that the information provided is accurate. I understand that this reimbursement is considered taxable income.

\_\_\_\_\_  
 Signature Date

I certify that the above named individual has been approved to request reimbursement for courses:

| Supervisor (if not CED)   | Date            | County Extension Director    | Date |
|---|-----------------|------------------------------|------|
| *****   |                 |                              |      |
| Tuition (amount beyond MSU Ed Asst)   | \$ _____        | Attach billing statement     |      |
| Books   | \$ _____        | Attach receipt               |      |
| Supplies  | \$ _____        | Attach receipt               |      |
| Fees  | \$ _____        | Attach billing statement     |      |
| Travel (specify number of trips,<br>desired number of miles per trip, destination city) | \$ _____        | Use separate sheet if needed |      |
| Less other economic assistance (specify)  | \$ _____        |                              |      |
| <b>TOTAL</b>  | <b>\$ _____</b> |                              |      |
|   | =====           |                              |      |

*Attach transcript or grade report along with this form and other receipts.*

**Send all to:** Fiscal Manager, MSUE Director's Office  
 108 Agriculture Hall  
 East Lansing, MI 48824-1039