

MADISON AREA REHABILITATION CENTERS, INC.

**REQUEST FOR PREAPPROVAL OF
CONTINUING EDUCATION REIMBURSEMENT**

Name of Employee: _____ Date: _____

Position: _____ Center: _____

Title: _____ Place: _____

Day (s): _____ Time of Day: _____

Please describe how course pertains to work: _____

Cost Estimate and Maximum Reimbursement Calculation:

Tuition: \$ _____ + Books/Materials: \$ _____ = \$ _____ X 50% = \$ _____

Are you eligible for reimbursement from any other source? i.e. Scholarships? _____

Approval to proceed with expectation of reimbursement per MARC policies: _____
Exec. Director Signature

Date course completed (required to continue form completion): _____ Grade: _____

**REQUEST FOR REIMBURSEMENT UPON
COMPLETION OF PREAPPROVED CONTINUING EDUCATION**

- Attach Course Description
- Attach receipts
- The Program Director retains this form until course completed. Complete and attach this form to an AP voucher to secure reimbursement. Reimbursement is subject to MARC policies.

Actual Reimbursement Information

Tuition: \$ _____ + Books/Materials: \$ _____ = \$ _____ X 50% = \$ _____

Approval to proceed with completion of AP Voucher to secure reimbursement:

Program Director Date: