

West Virginia Department of Transportation

EDUCATIONAL EXPENSE REIMBURSEMENT

PAYMENT REQUEST

DEPARTMENT NAME Transportation	ORG. NO.	AGENCY/DIVISION/ORGANIZATION/SECTION
EMPLOYEE NAME		OASIS VENDOR #
HOME ADDRESS		ORGANIZATION PHONE
SCHOOL/INSTITUTION (NAME & ADDRESS)		DATE(S) OF ATTENDANCE: TO (MM/DD/YR) (MM/DD/YR)
EXPENSES Cost of Tuition/Registration Fees <div style="text-align: center;">Lab Fees</div> <div style="text-align: center;">Other Fees (Explain – attach additional pages if necessary)</div> <div style="text-align: center;">Less Financial Aid Received</div> <div style="text-align: center;">Amount of Approved Subsidy</div>		TOTAL AMOUNT REQUESTED
EMPLOYEE'S SIGNATURE		DATE

- 1) A. Attach final tuition statement
B. Attach final grade documentation
- 2) Sign and date the Request for Expense Reimbursement Payment (this form) and send it to:

WVDOH/HUMAN RESOURCES
1900 Kanawha Blvd. E, Bldg. 5, Room A-317
Charleston, WV 25305

- 3) Provide a copy of this EER Payment Request form to your supervisor