

West Virginia Department of Transportation
EDUCATIONAL EXPENSE REIMBURSEMENT
PAYMENT REQUEST

DEPARTMENT NAME Transportation	ORG. NO.	AGENCY/DIVISION/ORGANIZATION/SECTION	
EMPLOYEE NAME		SOCIAL SECURITY NUMBER XXX-XX-	OASIS VENDOR #
HOME ADDRESS		ORGANIZATION PHONE	
SCHOOL/INSTITUTION (NAME & ADDRESS)		DATE(S) OF ATTENDANCE: TO (MM/DD/YR) (MM/DD/YR)	
EXPENSES		TOTAL AMOUNT REQUESTED	
Cost of Tuition/Registration Fees			
Lab Fees			
Other Fees (Explain – attach additional pages if necessary)			
Less Financial Aid Received			
Amount of Approved Subsidy			
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