



## Request for Reimbursement for Licensing School / Course of Study

**Course of Study Students:** Please submit proof of payment for reimbursement of 50% of the course fees. You may submit for reimbursement upon registration and payment, but if you do not receive a passing grade, that course number will not be reimbursed a second time. Travel expenses are not covered. You must be currently under appointment to be eligible for reimbursement of Course of Study expenses.

**Licensing Students:** Those attending a Greater New Jersey licensing school are not eligible for reimbursement because the tuition you paid was reduced by Conference funding. If you attended licensing school in a different Conference, please submit proof of payment and proof of completion and passing of the course to receive 67% reimbursement. Travel expenses are not covered. You must be under appointment to receive reimbursement for licensing school.

Person Requesting Reimbursement: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Course(s) – name and number – that you are requesting reimbursement for:

\_\_\_\_\_

Please provide the full amount of fees paid for classes: \_\_\_\_\_

**Reimbursement is only provided for those currently under appointment in Greater New Jersey within the calendar year the class was taken.**

Your Appointment and District: \_\_\_\_\_

By signing this request, I acknowledge that I am currently under appointment in Greater New Jersey and am registered for and will be attending or have completed the above courses. If I do not pass the courses, that class will not be reimbursed a second time.

Signature: \_\_\_\_\_

For questions, please contact Gina Yeske, [gyeske@epagnj.org](mailto:gyeske@epagnj.org)

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### CHECK REQUEST

Account Description \_\_\_\_\_ COS Reimbursement. \_\_\_\_\_ Local Pastor's School

Pay to: \_\_\_\_\_

Mail to: \_\_\_\_\_

Date Requested: \_\_\_\_\_

\_\_\_\_\_ Supporting documentation attached (Invoice and proof of payment)

Registrar Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Amount to be Reimbursed: \_\_\_\_\_

Date Approved: \_\_\_\_\_