

TUITION REIMBURSEMENT REQUEST FORM FOR SPONSORED PROJECTS

Tuition and Fee payments on sponsored projects are done via SC Vouchers. SC Voucher payments for tuition and fees **MUST** be received by Student Business Services via workflow by the first Official Reporting Date for the term. SC Vouchers not received by that date will be rejected. Official Reporting Dates are identified in the Academic Calendar, available online.

Employee/Student Name (Last, First MI)				Principal Investigator Name		
Employee /student ID #		Phone #	Mail Stop	Department/Division		
Job Code and Title				Start Date		
Semester (check appropriate boxes and fill in blanks) Fall Winter Spring Summer				Term Beginning Date		Term Ending Date
Course Information						
Course #	Course Title	CH	Days (e.g., MWF)	Times (e.g. 2-4)	Cost \$	
I am I am not receiving other financial aid. (If yes, provide documentation of amount and how it will be applied)						
Student Classification					Pay Cycle	
Undergraduate – Account code 55320			Graduate Student PHD - Account code 55322		Biweekly	
Graduate Student MS – Account code 55321			Graduate Student MFA - Account code 55323		Monthly	
I understand that I am solely responsible for payment of taxes as a result of any reimbursement for education that may be found to be taxable. I understand also that the University of Houston’s tax withholding policy and any decision to withhold or not withhold taxes from educational reimbursements to me do not constitute tax advice and I agree to hold the University of Houston harmless from any claim associated with the University’s withholding of payroll taxes.						
Employee Signature					Date	
I certify that student is conducting activities necessary to the award and tuition is provided in accordance to the established University policy. During the academic period, the student is enrolled in an advanced degree program at the University and the activities of the student in relation to the award are related to the degree program. The tuition is reasonable and conditioned explicitly upon the performance of necessary work.						
Supervisor/Principal Investigator Signature					Date	
Department Business Manager Signature					Date	