

Maryland State Department Of Education  
**Division of Rehabilitation Services**  
**Reimbursement Voucher: Tuition/Special Training Fees**

This reimbursement voucher must be submitted and accompanied by the original official receipt from the organization conducting the training program (a cancelled check is not acceptable proof of payment). Applicants for tuition reimbursement must also submit the original statement of successful completion or grade report from the training institution. Reimbursement shall be limited to registration/tuition costs.

Employee Requesting Reimbursement: \_\_\_\_\_

Employee W# Number: \_\_\_\_\_

Employee DORS Email Address: \_\_\_\_\_

Employee Office Phone Number: \_\_\_\_\_

Employee Office Location: \_\_\_\_\_

Title of Training Program or Course:

\_\_\_\_\_

\_\_\_\_\_

Date Completed: \_\_\_\_\_

Anticipated Date Of Graduation/Program Completion: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature/Date

☐ Supervisor confirms Employee's most recent PEP "Meets Standards."

\_\_\_\_\_  
Supervisor Signature/Date

**For Internal Staff Development Use Only**

Receipt Attached: ☐ Yes ☐ No Date Processed: \_\_\_\_\_

Grade Report Attached: ☐ Yes ☐ No

Amount Approved: \$ \_\_\_\_\_

\_\_\_\_\_  
DORS Staff Development Signature/Date