

FEE REIMBURSEMENT FORM

Employee Name _____

Address _____
Street State Zip

Home Phone _____ Cell Phone _____

Email _____

Date Hired at Governors Club _____

Please Check One:

_____ Full Time Employee _____ Part Time Employee

Working _____ Hours per Week

Dependent (Child's) Name _____

Address _____
Street State Zip

Home Phone _____ Cell Phone _____

Email _____

Fee(s) Paid to College, University, Testing Company, etc.

PLEASE ATTACH YOUR RECEIPTS FOR PAYMENT TO THIS FORM