



City of Eagle Pass Educational Reimbursement

Note: Budget responsibility resides with each department director and such funds will be paid out of each departmental budget subject to a written request for reimbursement submitted within thirty (30) days after receiving final course grade.

Date: Department:

Employee Name: Position:

Course of Study:

(MUST be directly related to the employee's job and MUST BE APPROVED by City Manager PRIOR to registration)

Amount Requested:

Approve Deny

Director:

Comments:

Expense Account:

Amount Approved:

Director's Signature: _____

**Thank you for filling out the Educational Reimbursement Form.
Do Not Fill Out Below This Line.
For Administration Only.**

Date Received:

Approve Deny

City Manager's Signature: _____

Comments:

Date: