

**MERIDIAN AIRPORT AUTHORITY**  
**NOTIFICATION OF UPCOMING EDUCATION EXPENSE REIMBURSEMENT REQUEST**

Date: \_\_\_\_\_  
Employee: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_ *minimum one year of regular full-time service is required*  
Present Position: \_\_\_\_\_  
School/Institution: \_\_\_\_\_  
Semester/Class Dates (start-finish): \_\_\_\_\_ *one semester/quarter/session per form*  
Program of Study (example: BS in Business Administration): \_\_\_\_\_  
Title(s) of Class(es): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Costs:

\$ \_\_\_\_\_ Tuition  
\$ \_\_\_\_\_ other related expense\*: \_\_\_\_\_  
\$ \_\_\_\_\_ other related expense\*: \_\_\_\_\_  
\$ \_\_\_\_\_ other related expense\*: \_\_\_\_\_  
\$ \_\_\_\_\_ other related expense\*: \_\_\_\_\_  
*\*other related expenses include books, registration, and similar fees*  
**\$ \_\_\_\_\_ Total Estimated Expenses**

- A. Have you applied for financial aid from any other source? \_\_\_\_\_
- B. Have you been approved for and/or received the requested financial aid? \_\_\_\_\_
- C. If yes to A or B, describe in detail the source and amount (attach additional pages if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

Pre-approval of MAA President/CEO: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUEST FOR EDUCATION EXPENSE REIMBURSEMENT**

Date: \_\_\_\_\_  
I have completed the class(es)/education described above, obtained advanced written approval for the reimbursement of these expenses from the MAA President/CEO, and attached the following documents to this request:

- \_\_\_\_\_ 1. A transcript of grades received to serve as proof of successful completion of classes with a grade of "C" (or its numerical equivalent) or better if letter grades or given.
- \_\_\_\_\_ 2. Valid invoices and receipts from the educational/training facility for the amount of requested reimbursement.

I have completed the above requirements and ask that an education expense reimbursement be paid to me in the amount of \$ \_\_\_\_\_.

*The reimbursement for any employee's elective education, training, or student loan shall not exceed \$3,600.00 in a fiscal year. Request for reimbursement must be submitted within 90 days of semester end.*

Employee: \_\_\_\_\_ Date: \_\_\_\_\_  
Approval of MAA President/CEO: \_\_\_\_\_ Date: \_\_\_\_\_