

TAG REIMBURSEMENT APPLICATION

KALAMAZOO RESA
INSPIRING EDUCATIONAL EXCELLENCE

Kalamazoo RESA Foundation Targeted Assistance Grant (TAG) Reimbursement Request

Date: _____

Student Name: _____ Phone #: _____

Reimbursement Information:

1. Reimbursement Type (i.e. Tuition, College-Related Expenses):

2. Remit Payment to (If School include Student ID #):

3. Total amount of TAG Grant: _____

4. Amount of reimbursement requested:

Expenses \$ _____
(attach a copy of the itemized paid receipt)

Total tuition paid \$ _____

STUDENT SIGNATURE: _____ **Date:** _____

FOR OFFICE USE ONLY:

Acct # _____

Amount of authorized payment \$ _____

Amount of TAG Remaining \$ _____

HUMAN RESOURCES APPROVAL: _____ **Date:** _____