

**Warren County Tuition Reimbursement Voucher**  
**Warren County Municipal Center**  
 1340 State Route 9  
 Lake George, New York 12845  
 Tax Exempt No. 14-6002576

**Department:** \_\_\_\_\_  
**Purchase Order No.** \_\_\_\_\_

**Reso #** \_\_\_\_\_  
**Code(s):** \_\_\_\_\_

**Vendor #** \_\_\_\_\_  
**Employee Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Course/Book Titles	Total Costs (Including Fees)	Financial Aid/Scholarships	Total Cost to Employee
<b>Total Reimbursement Amount</b>			<b>\$0.00</b>

I, \_\_\_\_\_, certify that the above reimbursement in the amount of \$\_\_\_\_\_ is true and correct; that I have adhered to the Warren County Job Related Course Policy and that I am entitled to the above reimbursement amount.

Employee Signature \_\_\_\_\_

<b>Department Approval</b>	
<b>Approved by:</b> _____	
<b>Date</b>	<b>Signature</b>

<b>Approval for payment:</b>
This claim is approved and ordered paid from the appropriations indicated above.
<b>Date</b> _____ <b>Warren County Auditor</b>