



## Employer Reimbursement Authorization Form

### Section A: To be filled out by Student/Employee

Student/Employee Name: _____	Date: _____
AU Student ID number: _____	SSN (last 4 digits) XXX-XX-_____
Address: _____	
Phone Number: _____	Email _____
Semester: Fall____ Spring____ Summer____	Year _____
Courses taken/number of credits _____	
_____	
Tuition Amount \$ _____	Service Fee \$ _____
Other Fees \$ _____	Total Due \$ _____
<i>I, the student, understand I am responsible for paying my student account balance in full, even if I do not receive reimbursement from my employer for any reason.</i>	
Signature _____	Date _____

### Section B: To be filled out by Employer/Authorized Personnel

Employer Name: _____	
Address: _____	
Phone Number _____	Email _____
I/We approve the above named individual for employer reimbursement for the total amount of \$ _____	
Comments: _____	
_____	
Print Name _____	Title _____
Signature _____	Date _____