

MAINE APPRENTICESHIP PROGRAM TUITION REIMBURESMENT REQUEST FORM

Maine Department of Labor
55 State House Station, Augusta, ME 04333-0055

Please complete this form in full, sign it, include required documentation and mail to the address above.

Tuition Reimbursement can only be made:

- To the individual or agency that actually paid the tuition costs on behalf of the apprentice
- For courses that are listed as "Required Related Instruction" and completed with a grade of C or better

A separate request must be submitted for each individual apprentice. Please attach the following:

1. Copy of grade report showing a grade of C or better
2. Copy of a Receipt from the school showing the course costs listed have been paid in full

Apprentice Data:

Name _____ ID: _____

Address _____

Email: _____ Phone: _____

Occupational Program: _____ Employer / Sponsor _____

Apprentice Signature: _____

Course Reimbursement Request Data: Course/Training Start Date: ___/___/___ End Date: ___/___/___

Course Title	Course Code	School or Training Vendor	Credits	Fees	Books	Tuition	Grade
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
Totals				\$	\$	\$	

Payments can only be made to those listed as a Vendor to the state. To become Vendor visit: <http://www.maine.gov/purchases/vendorinfo/vss.htm>. If you, the apprentice, paid for your own courses then you are the vendor.

Vendor to be reimbursed is (check one) Apprentice _____ Employer _____ Other _____

Vendor Name: _____ Contact Name: *if different*, _____

Vendor Address: _____

Vendor Phone: _____ Vendor Email: _____

Vendor Signature: _____

VENDOR CODE	FUND	DEPT	UNIT	SUB	OBJ	TASK	TASK ORDER	AMOUNT APPROVED
VC	010	12A	B125	01	6510	B125	23110	\$