UNIVERSITYof **HOUSTON** | RESEARCH

TUITION REIMBURSEMENT REQUEST FORM FOR
SPONSORED PROJECTS

Tuition and Fee payments on sponsored projects are done via SC Vouchers. SC Voucher payments for tuition and fees MUST be received by Student Business Services via workflow by the first Official Reporting Date for the term. SC Vouchers not received by that date will be rejected. Official Reporting Dates are identified in the Academic Calendar, available online.

Employee/Student Name (Last, First MI)			Principal Investigator Name	
Employee /student ID #	**Phone #**	**Mail Stop**	**Department/Division**	
Job Code and Title			**Start Date**	
Semester (check appropriate boxes and fill in blanks Fall Winter Spring Summer			**Term Beginning Date**	**Term Ending Date**

Course #	Course Title	CH	Days (e.g., MWF)	Times (e.g. 2-4)	Cost $

I am   I am not receiving other financial aid. (If yes, provide documentation of amount and how it will be applied)

Student Classification		Pay Cycle
Undergraduate – Account code 55320	Graduate Student PHD - Account code 55322	Biweekly
Graduate Student MS – Account code 55321	Graduate Student MFA - Account code 55323	Monthly

I understand that I am solely responsible for payment of taxes as a result of any reimbursement for education that may be found to be taxable. I understand also that the University of Houston's tax withholding policy and any decision to withhold or not withhold taxes from educational reimbursements to me do not constitute tax advice and I agree to hold the University of Houston harmless from any claim associated with the University's withholding of payroll taxes.

Employee Signature		Date	

I certify that student is conducting activities necessary to the award and tuition is provided in accordance to the established University policy. During the academic period, the student is enrolled in an advanced degree program at the University and the activities of the student in relation to the award are related to the degree program. The tuition is reasonable and conditioned explicitly upon the performance of necessary work.

Supervisor/Principal Investigator Signature		Date	
Department Business Manager Signature		Date	