

# Office of Financial Aid

## REQUEST FOR REIMBURSEMENT



<b>Student Name:</b>	<b>Student SS/ID:</b>
<b>Student Address:</b>	<b>Student Date of Birth:</b>
<b>City, State, Zip:</b>	<b>Student email:</b>
<b>Student Phone:</b>	<b>Student Alternate Phone:</b>

- Please reimburse me for out-of-pocket expenses. (You must attach original receipts)
- Please release funds from my \_\_\_\_\_ scholarship for \_\_\_\_\_ semester. (GC Must have sponsor approval to release remaining funds to students)
- If you are requesting remaining balances from non-Grayson scholarship(s) be forwarded to a different institution, please complete the mailing information below.

Name of Institution:

Attn:

Address:

City:

State:

Zip:

Please note, very few scholarships allow us to release funds to students. You may receive a **reimbursement** for out-of-pocket expenses for tuition, fees, books and supplies. We require original receipts for these costs, other than your tuition/fees costs.

If you are requesting the remaining balance of non-Grayson scholarship(s), please have your sponsor contact us directly with a release authorization.

Signature:

Date

**Attach original receipts here or on back of form:**

Office Use Only	Date:	FAO		
Fund Code(s)	Amount	Action		
		Pay Bill	Reimburse	Other
		Pay Bill	Reimburse	Other
		Pay Bill	Reimburse	Other
		Pay Bill	Reimburse	Other
<b>Notes:</b>				

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