

INVOICE - VOUCHER FOR GOODS OR SERVICES

RENDERED TO THE UNIVERSITY OF CONNECTICUT

(SUBSTITUTE CO-17)

Revised: for Tuition Reimbursements
AAUP, Mang./Confidential, UCPEA Employees Only

UNIVERSITY OF CONNECTICUT

DEPARTMENT OF HUMAN RESOURCES

Unit 5075

Instructions:

Employee should complete the grey shaded areas below.



DOCUMENT DATE

RECEIPT DATE

DOCUMENT AMOUNT

TUITION REIMBURSEMENT		CHECK SEMESTER: FALL _____ SPRING _____		YR: 20 _____
PAYEE:	_____	EMPLOYEE #:	_____	
ADDRESS:	_____	COLLECTIVE BARG UNIT:	_____	
CITY:	_____	PAYROLL TITLE:	_____	
STATE/ZIP CODE:	_____	EMPLOYEE #:	_____	DATE: _____
EMPLOYEE SIGNATURE	_____			
E-MAIL ADDRESS:	_____			

FOR AGENCY ADMINISTRATIVE APPROVAL

FULL DESCRIPTION OF GOODS AND/OR SERVICES			
Tuition Reimbursement for the above named employee in accordance with the collective bargaining agreement.			
EXPENDED AMOUNT	FRS CODE	SUB CODE	FISCAL YR

REIMBURSEMENT AMOUNT _____

AUTHORIZED SIGNATURE

DATE

AGENCY: University of Connecticut
Department of Human Resources
TELEPHONE: 860-486-3034

INSTRUCTIONS:

PLEASE PRINT THE FORM, COMPLETE THE GREY SHADED AREA, AND FORWARD THE ORIGINAL COPY TO:
THE DEPARTMENT OF HUMAN RESOURCES
UNIT 5075
AS PART OF THE YOUR TUITION REIMBURSEMENT DOCUMENTATION