

**REIMBURSEMENT  
CLAIM FORM**  
(ASO Department 136T)

Participant's Name		
Date of Birth (MM/DD/YY)	Social Security No. (Last 4 Digits Only)	Date of Request
Job Title		

Facility	Unit	Service
Home Address		Telephone

Tuition Reimbursement for:

Conference  
  Workshop  
  Seminar  
  Symposium  
  Courses (Non-Academic)  
  Fees/Other (Specify): \_\_\_\_\_

Name of Offering

Name and Address of Program Sponsor/College or University (*Attach documentation describing offering, cost, and eligibility under TCE Fund*)

Program Dates	Fee
From: _____ To: _____	_____

For Academic Courses:

Semester \_\_\_\_\_ Year \_\_\_\_\_

Course Number	Name of Course	Number of Credits	Cost Per Credit	Total
Name of Fee		Amount		Total
Academic Courses/Fees: Grand Total				

This completed claim form and all documentation must be submitted to ASO *within three (3) months of course completion* via upload online at [www.ASONet.com](http://www.ASONet.com), or via fax (855-255-0904) or mail to: Administrative Services Only, Inc., Department 136T, PO Box 9005, Lynbrook, NY 11563.

I hereby swear that all information in this Reimbursement Claim Form and all other information/documentation I have provided to the NYSNA Tuition and Continuing Education Fund in support of my claim for benefits are true and complete to the best of my knowledge.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_