

Request for Reimbursement

- **Name:**
- **Email:**
- **Phone:**

Course Details:

- **Course Name:**
- **Date of Course:**
- **Total Course Fee: \$**

Reason for Reimbursement: [Brief explanation of why the reimbursement is requested.]

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Payment Method: [Credit Card, Check, etc.]

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Email completed form to Kelly Harmon at kharmon@ctemc.org.

Declaration: I, declare that the expenses listed above were incurred for the specified course, and I am eligible for reimbursement according to MCVSD policies.

Date: _____ **Customer's Signature:** _____

About Refunds:

- Refunds are issued within four to six weeks.
- If you paid by credit card, the refund will be issued to the credit card you paid with, less credit card fees.
- All other methods of payment will be refunded by check and mailed to the address on file.

Non-Refundable Fees:

- Credit card fees associated with the course are non-refundable.

Summer Enrichment Programs:

- A full refund is available up to 30 days prior to the first class.
- Check refunds will take 4-6 weeks to process.

Program Cancellation:

- MCVSD may cancel programs if the number of students registered is too low.
- Students will receive a full refund including processing and convenience fees.

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- **STOP HERE: This is to be completed by MCVSD**
- Tuition Amount To Be Refunded to Customer _____
- Processing and Convenience Fees: _____ Refund To Customer
 Processing and Convenience Fees: _____ Non-Refundable
- Total amount to be Refunded to Customer: _____
- Director's Name: _____
- Signature: _____ Date: _____