**DUAL ENROLLMENT/ IDA EARLY MIDDLE COLLEGE**

**TEXTBOOK REIMBURSEMENT REQUEST**

***\*\*Complete a different reimbursement request for each class\*\****

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_

Cellular Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_

College Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Item 1

**Circle one:** Physical Textbook or Access Code/Online Resource  **Circle one:** Purchase or Rental

Title of Resource \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Item 2

**Circle one:** Physical Textbook or Access Code/Online Resource  **Circle one:** Purchase or Rental

Title of Resource \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Item 3

**Circle one:** Physical Textbook or Access Code/Online Resource  **Circle one:** Purchase or Rental

Title of Resource \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reimbursement Amount Requested (**pretaxable amount**):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Taxes are not eligible for reimbursement.

\*Please attach a receipt to this request.

\*Textbook and this form may be submitted to the **librarian** after completion of the college course.

\*Checks will not be issued until after the textbook is returned to the library at the end of the course.

\*Reimbursement amounts will be calculated by taking the amount of money received from State Aid and subtracting tuition and fee costs for each course.

| For Internal Use Only:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Librarian Signature Business Office Signature  Reimbursement Amount Approved:\_\_\_\_\_\_\_\_\_\_\_\_\_ **Updated 5/1/25** |
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