



OFFICE OF THE SECRETARY OF STATE  
**TUITION PRE-APPROVAL AND REIMBURSEMENT**

**PLEASE TYPE OR PRINT**

See instructions for Assistance with Completion of Fields

<b>SECTION A: PRE-APPROVAL (COMPLETED BY THE EMPLOYEE, SOS SUPERVISOR AND DESIGNATED MANAGEMENT)</b>			
EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)		EMPLOYEE VENDOR NUMBER	
EMPLOYEE HOME/RESIDENCE ADDRESS (ROOM, APT., SUITE NO., STREET NAME/NO., CITY, STATE, ZIP CODE)		MISSOURI STATE COLLEGE/UNIVERSITY (CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE OR UNIVERSITY NAME		MISSOURI STATE FUNDED COLLEGE/UNIVERSITY (USED TO DETERMINE TUITION RATE)	
DEGREE NAME (MAJOR)	DEGREE DESIGNATION (CHECK ONE) <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Graduate <input type="checkbox"/> Doctorate <input type="checkbox"/> Other (please specify):		

<b>COURSE INFORMATION</b>			
COURSE NAME	CREDIT HOURS PER COURSE	BEGIN DATE	END DATE
1.			
2.			
3.			
4.			
5.			
CLASS LOCATION (CITY, STATE)			
COURSE TERM (CHECK ONE), IF "OTHER" IS SELECTED, BRIEFLY EXPLAIN COURSE TIMEFRAME <input type="checkbox"/> Fall Semester <input type="checkbox"/> Winter Semester <input type="checkbox"/> Summer Semester <input type="checkbox"/> Other:			
COURSE TAKEN AT SOS MANAGEMENT REQUEST (CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO			

EXPECTED COURSE COSTS		DESCRIPTION OF REQUIRED COURSE RELATED FEES	
Total Number of Credit Hours		REQUIRED COURSE RELATED FEE NAME	COST OF RELATED FEE
Cost Per Credit Hour			
Total Course Credit Hour Cost			
Add: Required Course Related Fees			
Less: Financial Aid/Other			
Less: Scholarship			
Less: Grant Received			
Total Estimated Maximum Reimbursement Cost		<b>TOTAL CREDIT HOURS REIMBURSED THIS FISCAL YEAR</b>	

EMPLOYEE SIGNATURE/SUPERVISOR INITIALS		DATE (MONTH/DAY/YEAR)	
BUSINESS UNIT APPROVAL SIGNATURE	DATE (MONTH/DAY/YEAR)	EXECUTIVE DEPUTY SEC. OF STATE SIGNATURE	DATE (MONTH/DAY/YEAR)
PURCHASE ORDER DOCUMENT NUMBER (AGENCY NUMBER AND 11 DIGIT DOCUMENT NUMBER) <b>SCS 231</b>			

<b>SECTION B: REIMBURSEMENT REQUEST (COMPLETED BY THE EMPLOYEE AND SOS BUSINESS UNIT DESIGNATED STAFF)</b>						
	COURSE 1	COURSE 2	COURSE 3	COURSE 4	COURSE 5	TOTAL
Actual Course Credit Hour Cost Less Financial Aid, Scholarship, and Grants						
Add: Required Course Related Fees						
Subtotal						
Times: Grade Received (i.e. A = 1.0)						
Tuition Reimbursement Amount Due						
EMPLOYEE SIGNATURE/SUPERVISOR INITIALS						DATE (MONTH/DAY/YEAR)
BUSINESS UNIT APPROVAL SIGNATURE						DATE (MONTH/DAY/YEAR)

RECEIVER (RC) DOCUMENT NUMBER (AGENCY NUMBER AND 11 DIGIT DOCUMENT NUMBER) <b>RC 231</b>
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## TUITION PRE-APPROVAL AND REIMBURSEMENT FORM INSTRUCTIONS

### SECTION A: PRE-APPROVAL (COMPLETED BY THE EMPLOYEE AND APPROVED SOS SUPERVISOR AND DESIGNATED SOS STAFF) COMPLETE THIS SECTION PRIOR TO ATTENDING THE COURSE(S)

**Employee Name** (Employee) – Enter your name (Last, First, Middle Initial)

**Employee Vendor Number** (Employee) – Enter your SAMII Financial (11 digit) vendor number. If you do not know this number, please see your supervisor or Business Unit Document Initiator (BUDI) for assistance.

**Employee Home/Residence Address** (Employee) – Enter your home address. (Room, Apt., Suite No., Street Name/No., City, State, Zip Code).

**MO State College/University** (Employee) – Check one box. Select “Yes” if the college or university is listed under the Missouri Department of Higher Education (MDHE) Comprehensive Fee Schedule: <http://www.dhe.mo.gov/comprehensivefeeschedule.shtml>. Select “No” if the college or university is not listed on the MDHE website.

**College or University Name** (Employee) – Enter the name of the college or university associated with the course(s) included on this form.

**MO State Funded College/University** (Employee/Supervisor) – If “Yes” was selected in the *MO State College/University* field, skip this field. If “No” was selected in the *MO State College/University* field, enter the name of a public college or university that has a main or satellite campus in or close to (within approx. 100 miles) of your home or official domicile (work). If there are multiple colleges/universities in or close to your home or official domicile, you may select the MO State College/University with the highest tuition rate, unless otherwise instructed by your supervisor/manager. Please note when attending a college or university that is not listed the MDHE Comprehensive Fees Schedule, that your reimbursement will be limited to the tuition rate charged by the MO State College/University that you enter in this field. MDHE issues their comprehensive fee schedule annually. The MDHE tuition/fee schedule lists each Missouri State College/University by school. This tuition list is available for your review on the internet at <http://www.dhe.mo.gov/comprehensivefeeschedule.shtml>.

**Degree Name (Major)** (Employee) – Enter your degree major, e.g. Accounting, if applicable. Graduate and undergraduate courses must be job related or be a part of a degree program that is consistent with the Office of the Secretary of State’s mission.

**Degree Designation** (Employee) – Check one box, that best describes the type of degree you are pursuing. If “Other” is selected, please briefly describe degree in the space provided.

**Course Information** (Employee) – Enter up to five course names, the total credit hours earned per course and the begin and end date for each course. If you are requesting a pre-approval to attend more than five courses this semester, please attach a separate sheet of paper to this form listing the additional course names, credit hours and begin and end dates.

**Class Location** (Employee) – Enter the city and state where you are attending the class. If this class is an internet course, enter “internet” into this field.

**Course Term** (Employee) – Check one box for the semester applicable to the classes listed on this form. If “Other” is selected, please briefly describe the term in the space provided.

**Course Taken at SOS Management Request** (Employee) – Check one box. Select “Yes” if a member of SOS management required you to take this course(s). Select “No” if you elected to take this course(s).

#### **Expected Course Costs** (Employee)

*Total Number of Credit Hours* - Enter the total number of credit hours for all courses included on this form.

*Cost Per Credit Hour* - Enter the cost per credit hour if attending a Missouri State College or University included on the MDHE website listed above in the *MO State College or University* field. If you attend a private college or university, the maximum cost per credit hour that you may be reimbursed, is the tuition rate charged by the college/university you listed in the *MO State Funded College/University* field on this form. If a course is taken at management’s request, and you are attending a private college or university you may request reimbursement at the per credit hour rate charged by the private college or university.

*Total Course Credit Hour Cost* – Enter the amount from the computation of the amount entered in the *Total Number of Credit Hours* times the *Cost Per Credit Hour* fields.

*Add: Required Course Related Fees* – Enter the total amount for required course related fees. Example: Lab fees. Parking fees are optional and therefore, should not be included in this amount. Please note that a brief description of each course related fee and associated amount must be entered in the description of *Required Course Related Fees* section.

**SECTION A: PRE-APPROVAL (CONTINUED)**

*Less: Financial Aid/Other* – If applicable, enter the amount of financial aid other than scholarships or grants received by you from any other source to attend this course(s) or credit from the college. Do not include loans or other aid received that you are required to pay back.

*Less: Scholarship* – If applicable, enter the amount associated with a scholarship received by you from any source to attend this course(s).

*Less: Grant Received* – If applicable, enter any grant amount received by you from any source to attend this course(s).

*Total Estimated Maximum Reimbursement Cost* – Enter the sum of the amount entered in the *Total Course Credit Hour Cost* field, plus the amount entered in the *Required Course Related Fees* field, less the amounts entered in the *Financial Aid/Other*, *Scholarship*, and *Grant Received* fields.

**Description of Required Course Related Fees**

*Required Course Related Fees Name* – Enter the name of each required course related fee.

*Cost of Related Fees* – Enter the cost of the related fee for each required course.

**Total Credit Hours Reimbursed this Fiscal Year (Employee)** – Please see Employee Handbook for current maximum semester credit hours allowed per fiscal year.

**Employee Signature/Supervisor Initials/Date (Employee and Supervisor)** – Sign this form in ink. Your (employee) signature after the completion of Section A is your certification that the information stated on the form is accurate and in compliance with statewide and SOS departmental tuition pre-approval policies. An Employee's Supervisor must initial in ink behind the employee's signature. Also, enter the date the supervisor initials this form.

**Business Unit Approval Signature/Date (Business Unit Manager or Director)** – Sign this form in ink. Your signature in Section A is the final division approval that the information is accurate, complete, and in accordance with SOS and statewide policy. After you have reviewed and approved this request, the form must be approved/signed by the Executive Deputy Secretary of State prior to the start of coursework for the employee to be eligible for reimbursement.

**Executive Deputy Secretary of State Signature/Date** Sign this form in ink. Your signature is also your approval for the employee to be reimbursed for the tuition costs.

**Purchase Order Document Number [Business Unit Document Initiator (BUDI)]** – Enter the Purchase Order Document Number (Agency Number and 11 digit Doc Number) if required.

**SECTION B: REIMBURSEMENT REQUEST (COMPLETED BY THE EMPLOYEE AND APPROVED BY SOS BUSINESS UNIT DESIGNATED STAFF) COMPLETE THIS SECTION UPON COMPLETION OF THE COURSE(S)**

**Actual Course Credit Hour Cost Less Financial Aid, Scholarship, and Grants Hour Cost (Employee)** – Enter the actual total credit hour cost less financial aid, scholarship, and grant received for each course and a total for all courses.

**Add: Required Course Related Fees (Employee)** – Enter the actual total amount of the costs associated with required course related fees for each course and a total for all courses.

**Subtotal (Employee)** – Sum of the Actual Course Credit Hour Costs and actual Required Course Related Fees for each course and a total for all courses.

**Times: Grade Received Percentage** – Enter the applicable amount based on the grade received for each course.

Undergraduate Course: A = 1.0; B = .75; C or Pass = .50

Graduate Course: A = 1.0; B or Pass = .75

**Tuition Reimbursement Amount Due (Employee)** – Product of the amount entered in the *Subtotal* field times the percentage entered in the *Times: Grade Received Percentage* field for each course. The total is the sum for the tuition reimbursement amount due for all courses.

**Employee Signature/Supervisor Initials/Date (Employee and Supervisor)** – Sign this form in ink. Your signature after the completion of Section B is your certification that the information stated on the form is accurate and in compliance with statewide and SOS departmental tuition reimbursement policies. An Employee's Supervisor must initial in ink behind the employee's signature. Also, enter the date the supervisor initials this form.

**Approval Signature/Date (Business Unit Manager or Director)** – Sign this form in ink. Your (employee) signature after completion of Section B is your certification that you have reviewed the information stated on the form and concur that the information appears to be accurate and complete. Your signature is also your approval for the employee to be reimbursed for the tuition costs.

**Receiver Document Number [Business Unit Document Initiator (BUDI)]** – Enter the Receiver Document Number (Agency Number and 11 digit Doc Number)

**ADDITIONAL INSTRUCTIONS****FORM DISTRIBUTION/RETENTION**

Forms require an original ink signature unless written prior approval is obtained from the Fiscal Services Business Unit Director. All forms received that are not completed in their entirety will be returned to the submitting business unit.

SECTION	ROUTE FROM ORIGINAL FORM	ROUTE TO ORIGINAL FORM	REQUIRED TO KEEP ORIGINAL OR COPY OF FORM ON FILE
Section A – Pre-Approval	Employee	Supervisor and/or Business Unit Approver	
Section A – Pre-Approval	Supervisor and/or Business Unit Approver	Exec. Deputy Secretary of State	
Section A – Pre-Approval	Exec. Deputy Secretary of State	BUDI	
Section A – Pre-Approval	BUDI	Employee	Employee - Original BUDI - Copy

SECTION	ROUTE FROM ORIGINAL FORM PLUS ATTACHMENTS*	ROUTE TO ORIGINAL FORM PLUS ATTACHMENTS*
Section B – Reimbursement	Employee	Supervisor
Section B – Reimbursement	Supervisor	Business Unit Approver
Section B – Reimbursement	Business Unit Approver	BUDI
Section B – Reimbursement	BUDI	Fiscal Services

\*Employee must route the original (approved) Tuition Pre-Approval and Reimbursement form with the Official Grade Report and a copy of a receipt or cancelled check prior to obtaining the Business Unit Approver's signature. The original forms plus attachments must be submitted to the Fiscal Services Business Unit after the Business Unit Approver has signed the form.