



## BOOKS/EXPENSES REIMBURSEMENT APPLICATION

You may be eligible to receive 100% reimbursement for **required** textbooks, instructional materials, and other eligible expenses related to the course that you paid out-of-pocket. Shipping and handling are not reimbursable. Supplies and equipment must be pre-approved by CAEL to be covered. **Grades or proof of satisfactory completion of non-graded courses or educational activities must be submitted within 2 months of completion as a final condition for reimbursement.**

**Please complete ALL information. Your application WILL BE RETURNED if any information is missing. Allow 4-6 weeks to receive your reimbursement check.**

Participant Information	
Last Name, First Name, Middle Initial	CAEL Participant ID #
	<i>For Program Use Only</i>
Mailing Address **	Email:
	Employer:
Day time Phone #	Evening Phone #

School/Educational Provider Name	School Term or Dates of Attendance

Name of Course or Educational Activity	Textbook Title or Other Eligible Expense	Cost
		\$
		\$
		\$

Employee Authorization
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*(Initial)* \_\_\_\_\_ I give permission for my employer to provide CAEL with any educational or training courses that I have completed or am currently enrolled in, as part of Employer's tuition assistance plan.

*I authorize CAEL to withdraw reimbursement and/or prepayment funds in connection with the LiLA Program directly from my LiLA account at Bank of America. I understand that no vouchers or payments will be processed unless there are sufficient funds available and that CAEL does not guarantee the funds contributed by me, my employer and the third party funders.*

*I also understand that book reimbursement is based on submission of official grade report/proof of successful completion and that I must have completed each course, earning credit in a credit course, "pass" in a pass/fail course, or a certificate in a certificate course to be reimbursed.*

*I authorize CAEL to process this withdrawal request in accordance with LiLA instructions.*

**Participant Signature (Type or Hand-write):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Email, Mail or Fax to:**  
**JVS Attn: Amabella Camins**  
**225 Bush Street, Suite 400, San Francisco, CA 94104**  
**[acamins@jvs.org](mailto:acamins@jvs.org)**  
**Phone: 415-782-6253 Fax: 415-391-3617**