Company Reimbursement Form
(Business & Industry Training/Courses)

Davenport University – Corporate Services
415 E. Fulton St.
Grand Rapids, MI 49503
Phone: (616) 233-2589 or (800) 632-9569
Fax: (616) 233-2586

Upon registering for a course/training session, this form must be completed and attached along with your registration form and/or billing form and payment. A minimum of $395 down is required regardless of your organizations company reimbursement plan.

(please print) Date (DD/MM/YY): __________________________

Name: __________________________ Student ID #: __________________________

Address: ________________________________________________________________

City: __________________________ State: __________________________ Zip: __________

Course(s)/Training                                   Tuition Charge
________________________________________________________
________________________________________________________
________________________________________________________

TO BE COMPLETED BY A COMPANY OFFICIAL

Company Name: __________________________

Address: __________________________ City/State: __________________________ Zip: __________

Company Official Signature: __________________________ Name (printed): __________________________

A company official must sign this form in the appropriate area to verify employment and tuition reimbursement benefits. The student will receive a bill at the completion of the course/training session and the student is responsible for the balance of the tuition charges.

I have made a deposit of $ __________ and agree to pay Davenport University the remaining $ __________ balance within twenty-one (21) days of the completion of the course/training stated above. I understand I am obligated for this amount if I do not complete the course, or if my employer refuses reimbursement.

Student Signature: __________________________

If you have any questions, please contact Davenport University – Corporate Services at (616) 233-2589 or (800) 632-9569