Tanana Chiefs Conference

TCC GO Participant Reimbursement Form

Participant (Student) Full Name *(please print First, Middle Initial & Last Name):*

Mailing Address *(City, State & Zip):*

Reimbursement requested for:

- ☐ **Internet Access (must provide statement showing payment)**
- ☐ **SAT/ACT exam expense (provide copy of scores or confirmation of sitting for exam)**
- ☐ **College application expense (provide receipt of payment from institution)**
- ☐ **Other (must specify and provide documentation):**

Parent/Guardian Name *(please print)***:**

I certify that I have paid for the above and am requesting reimbursement.

Student Signature: _____ **Date**: _____

I certify that the documentation demonstrating a reimbursable expense is true and valid.

Parent/Guardian Signature: _____ **Date**: _____

To be certified by TCC GO Student Support Coordinator

I attest that the above named program participant is eligible to receive a reimbursement.

Name (print): _____ **Date**: _____

Signature: _____

Amount to be reimbursed: $

Notes: