

Personal Information

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5. Mandatory Fees:

- Description: 0
- Amount Paid: \$ 0
- Date Paid: 0

Course Materials:

- 1. Textbooks:
 - Book Title(s): 0
 - Amount Paid: 0
 - \$ Date Purchased:
- 2. Textbooks:
 - Book Title(s): 0
 - Amount Paid:
 - **Date Purchased:** 0

3. Textbooks:

- Book Title(s): 0
- Amount Paid: 0
- \$ Date Purchased: \cap

4. Textbooks:

- Book Title(s):
- Amount Paid: 0 \$

Date Purchased:

5. Textbooks:

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- Book Title(s): 0
 - Amount Paid:
- Date Purchased:

6. Textbooks:

- Book Title(s):
- **Amount Paid:** 0
- \$ Date Purchased:

7. Textbooks:

- Book Title(s): 0
- Amount Paid:
- Date Purchased:

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- 8. Supplies and **Equipment:**
 - Description:
 - Amount Paid: \cap
 - Date Purchased: 0
- 9. Supplies and **Equipment: Description:**
 - Amount Paid:
 - Date Purchased:

Supplies and 10. **Equipment:**

- **Description:** 0
- Amount Paid: 0
- Date Purchased: 0

Supplies and 11. **Equipment:**

- Description:
- Amount Paid: \cap \$

- Date Purchased:
- Supplies and 12. **Equipment:**
 - **Description:** 0
 - Amount Paid: 0
 - **Date Purchased:**
- 13. Supplies and **Equipment:**
 - Description:
 - **Amount Paid:** 0 **Date Purchased:**
- **Supplies and** 14. **Equipment:**
 - Description:
 - Amount Paid: \circ
 - Date Purchased:
- **Supplies and** 15. **Equipment:**
 - Description:

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- Amount Paid: \circ
- \$
- Date Purchased: 0

Supplies and 16. **Equipment:**

0

- Description:
 - Amount Paid:
 - Date Purchased:
- 17. Supplies and **Equipment:**
 - Description:
 - Amount Paid: 0
 - Date Purchased: 0
- Uniforms, Scrubs, 18. Lab coats and **Equipment:**
 - Description:
 - Amount Paid: \circ
 - Date Purchased:

Uniforms, Scrubs, 19. Lab coats and **Equipment:**

- Description:
- Amount Paid:
- Date Purchased:
- Uniforms, Scrubs, 20.

Lab coats and

Equipment:

- Description:
- Amount Paid: 0
 - Date Purchased:
- Uniforms, Scrubs, 21.Lab coats and **Equipment:**
 - Description: 0
 - Amount Paid: 0
 - Date Purchased:

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- 22. Software:
 - **Description:** 0
 - Amount Paid: 0
 - Date Purchased:
- 23. **Encryption Data**

Software:

- Description: 0
 - Amount Paid:

S **Housing and Meals**

1. **On-Campus Housing:**

- Amount Paid: \$
- Term/Semester: 0
- Date Paid:

2. Meal Plan:

- Amount Paid: \$
- Term/Semester: 0
- Date Paid:

3. Utilities:

- Description:
- Amount Paid: \$

4. Utilities:

- Description:
- Amount Paid: \$

5. Utilities:

- Description:
- Amount Paid: \$

6. Utilities:

- Description:
- Description: ______
 Amount Paid: \$______

Date Purchased:

24. **Internet and WIFI** Service:

- Description:
- Amount Paid:
- Date Purchased:



Transportation

1. Public Transportation Pass:

- Amount Paid: \$_____
 Validity Period: _____
- Date Purchased:

2. Trains, Subways, Escort Services:

- Amount Paid: \$______
 Validity Period: ______
- Date Purchased:

3. Parking Fees:

- Amount Paid: \$
- Term/Semester:
- Date Paid:

4. Ubers, Cabs, LIFTS:

- Amount Paid: \$
- Validity Period:
- Date Purchased:

5. Rental Vehicles:

- Amount Paid: \$
- Validity Period:
- • Date Purchased:

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Other Eligible Expenses

1. Study Abroad Fees:

- Amount Paid: \$_____
- Date Paid: _____

2. Specialized Equipment for Courses:

- Description:
- Amount Paid: <u>\$_____</u>
- Date Purchased:

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3. Specialized Equipment for Courses:

- Description:
- Amount Paid: §_____
- Date Purchased:

4. Auditing Courses:

- Date Purchased: ______

Total Expenses

- Total Amount Paid: \$_____
- Grants Awarded:
- Scholarships Awarded:
- FAFSA: \$_____
- Department of Education VA Assistance: \$
- Work Study Awarded:
- Earn While you Learn Assistance: \$
- I Bond or EE Bond Amount Paid: \$

Education:

Initial next to apply that applies to you and your unique educational experience.

- Degree Seeking Student :_____
- Certification Seeking Student:
- Certification & Training Seeking Student:
- Students' Licensing Requirements:
- Licensing Requirements Renewal Student:
- Training Seeking Student:

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Mandatory Job Requirements Education Seeking Student:_____

Declaration

I declare that the information provided in this expense form is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in the denial of claims.

- **Student's Full Name:**
- Signature: Date: Please attach all relevant receipts and documentation to support your reported expenses. SERVICE

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