Receipt submission form for Educational Assistance Payment (EAP) request exceeding annual maximum threshold (2024 limit is \$28,122). All information provided on this form must relate to the 2023/2024 academic year.

| Section 1  | Beneficiary Information |                               |                  |
|--|-------------------------|-------------------------------|------------------|
|  |                         |                               |                  |
| First Name   |                         | Last Name                     | Agreement Number |
| eMail address  |                         |                               | Telephone        |
|  |                         |                               |                  |
| Section 2 Receipts   |                         |                               |                  |
| Please provide an itemized list of all receipts to support the amount you have requested for your EAP and attach a copy of all receipts to this form. Receipts may include but are not limited to: Tuition, rent, books, food and other living expenses. |                         |                               |                  |
| Date   | Vendor name             | Description of expense Amount |                  |
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| Total of all receipts provided   |                         |                               |                  |
|  |                         |                               |                  |
| Section 3 Beneficiary's Signature  |                         |                               |                  |
| By Signing below, you confirm that the information you have provided is complete and accurate.   |                         |                               |                  |
| Beneficiary's Signature  |                         |                               | Date             |
| Section 4 Review (Office use Only)   |                         |                               |                  |
|  |                         |                               | Date             |