

REQUEST FOR STATE TUITION REIMBURSEMENT

NAME _____ DATE _____

SSAN _____ CURRENT UNIT ASSIGNMENT _____

CONTROL NUMBER (FROM LETTER OF ELIGIBILITY) _____

AUTHENTIC DOCUMENTS REQUIRED FOR REIMBURSEMENT (PLEASE ATTACH):

1) OFFICIAL INVOICE/BILL FROM SCHOOL \$ _____

2) RECEIPT SHOWING STUDENT PAYMENTS \$ _____

3) OFFICIAL GRADE(S) REPORT / OFFICIAL TRANSCRIPT - INTERNET GRADE(S) NOT ACCEPTABLE

4) MAIL TO: Joint Force Headquarters, Attn: NGDE-ES, 250 Airport Rd, New Castle, DE 19720
OR: Scan and Email to: ng.de.dearng.list.j1-eso@mail.mil or Robert.L.Csizmadia.nfg@mail.mil

IF STUDENT PAYMENT IS LESS THAN AMOUNT ON OFFICIAL INVOICE, PLEASE EXPLAIN:

CURRENT MAILING ADDRESS FOR REIMBURSEMENT CHECK:

STREET _____

CITY/STATE/ZIP CODE _____

HOME PHONE / CELL PHONE _____

[] Mandatory Registration completed at <https://w9.accounting.delaware.gov/W9form.aspx>

[] I Changed/Updated home address at - <https://w9.accounting.delaware.gov/W9form.aspx>

CERTIFICATIONS BY SERVICE MEMBER:

I certify that the above information with regard to my reimbursement claim is correct, and I understand that any intent to falsify any supporting documentation constitutes fraud and will be cause for disciplinary action.

SERVICE MEMBER SIGNATURE

DATE

DNG Form 600-4(RE)

15 AUG 2016

DE-ARP-ES

This form is reproducible.

MAIL THE REQUIRED DOCUMENTS TO ONE OF THE FOLLOWING:

**STATE OF DELAWARE
DELAWARE NATIONAL GUARD
JOINT FORCE HEADQUARTERS
250 AIRPORT ROAD
NEW CASTLE, DELAWARE 19720-1502**

EDUCATION REVIEW BOARD ACTION

TYPED NAME OF EDUCATION REVIEW BOARD ADMINISTRATOR

SIGNATURE OF EDUCATION REVIEW BOARD ADMINISTRATOR

DATE

OFFICE OF THE STATE COMPTROLLER

DATE RECEIVED

DATE PAID

AMOUNT PAID

FAIR PCT FORMULA (IF APPLICABLE)

SIGNATURE

DATE

PRIVACY ACT STATEMENT

AUTHORITY: Delaware State Code, Title 14, Section 3411. USC 2005, Title 10 and USC 2007, Title 10.

PRINCIPAL PURPOSE(S): Used to list course(s) for which the Service Member is receiving tuition assistance from the State of Delaware.

ROUTINE USES: Used as a record of course(s) for which the Service Member is receiving tuition assistance.

DISCLOSURE: Disclosure of information is mandatory. DNG Form 600-2 (RE) is the only authorized form in which a Service Member can request changes to course enrollment. Failure to use this form, when required, may result in the loss of reimbursement for tuition assistance previously approved.