

## REQUEST FOR REIMBURSEMENT OF TOEFL FEES

STUDENT NAME: ..... LCS NUMBER: .....  
 UNIVERSITY/COLLEGE: .....  
 PROGRAM: ..... DEGREE OBJECTIVE: .....  
 ADDRESS: .....  
 TEL: ..... EMAIL: .....

LIST OF EXPENSES	AMOUNT	COMMENTS								
<p>Date of exam (DD/MM/YY): ... /... /...</p> <p>Check one of the following:</p> <p><input type="radio"/> First test .....  <input type="radio"/> Second test .....  <input type="radio"/> Third test .....  <input type="radio"/> Fourth test .....</p> <p>Original receipt(s) and results            attached (check one):</p> <p><input type="radio"/> Yes  <input type="radio"/> No</p> <p>Total amount requested by student .....            .....</p> <p>I hereby declare that the information I have submitted in this request for reimbursement is true and correct. I understand that submission of any false statements or documents will result in the immediate cancellation of this claim and that information on falsification will be inscribed in my academic file and forwarded to the Secretariat of Education in Libya.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center;">..... Student Signature</td> <td style="width: 50%; border: none; text-align: center;">..... Date Submitted to LCS</td> </tr> </table> <p><b>For LCS use only</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center;">..... Cultural Counselor's Signature</td> <td style="width: 50%; border: none; text-align: center;">..... Comments and Date</td> </tr> <tr> <td style="width: 50%; border: none; text-align: center;">..... Financial Counselor's Signature</td> <td style="width: 50%; border: none; text-align: center;">..... Date</td> </tr> <tr> <td style="width: 50%; border: none; text-align: center;">..... Date received at LCS</td> <td style="width: 50%; border: none; text-align: center;">..... Total Amount Approved for Payment</td> </tr> </table>			..... Student Signature	..... Date Submitted to LCS	..... Cultural Counselor's Signature	..... Comments and Date	..... Financial Counselor's Signature	..... Date	..... Date received at LCS	..... Total Amount Approved for Payment
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