

REQUEST FOR REIMBURSEMENT OF NOTARIZATION FEES

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

LIST OF EXPENSES	AMOUNT	COMMENTS
List of notarized documents (check appropriate document(s):		
<input type="checkbox"/> Transcript	
<input type="checkbox"/> Diploma	
<input type="checkbox"/> Certificate of graduation	
<input type="checkbox"/> Reference letter(s)	
<input type="checkbox"/> Letter of employment	
<input type="checkbox"/> Other (specify)	
Original invoice attached (check one):		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		
Total amount requested by student	
Maximum authorized for reimbursement	

**PLEASE NOTE THAT THE TOTAL AMOUNT AUTHORIZED FOR REIMBURSEMENT OF
NOTARIZED DOCUMENTS CANNOT EXCEED \$120.00.**

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.

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Student Signature

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Date Submitted to LCS

For LCS use only

..... Cultural Counselor's Signature Comments and Date
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..... Financial Counselor's Signature Date
..... Date received at LCS Total Amount Approved for Payment

Form LCS-NOT

BE