

## REIMBURSEMENT REQUEST FORM

**Account Owner:** Please complete this form to request reimbursement for your out-of-pocket expenses. All expenses must be qualified higher education expenses as defined in IRS Publication 970.

Account Information			
Account Number			
Account Owner Name	Social Security Number		
Student Beneficiary Name	Social Security Number		
Academic Information			
	School Contact Information	Dates of Attendance	
School Name		<i>Choose only <u>one</u> academic year and term per reimbursement request</i>	
Address		<input type="checkbox"/> 2010-2011	<input type="checkbox"/> 2011-2012
Web Site		<input type="checkbox"/> Fall	<input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer
Payment Information			
Please send my payment to:	<input type="checkbox"/> Account Owner	<b>NOTE:</b> All checks will be mailed to the <u>address we have on file</u> . To update your address, please visit your account online at <a href="http://www.get.wa.gov">www.get.wa.gov</a> or call Customer Service at 1-800-955-2318.	
	<input type="checkbox"/> Student Beneficiary <i>(requires Notarization below) *</i>		
Payment Type and Amount:	<input type="checkbox"/> Tuition (and/or fees)	\$	units
	<input type="checkbox"/> Books/Supplies	\$	units
	<input type="checkbox"/> Room & Board <i>(The Student Beneficiary must attend at least half time to qualify for reimbursement of Room and Board expenses. The amount may not exceed the Room and Board allowance calculated by the college in its Cost of Attendance budget.)</i>	\$	units
<b>TOTAL Amount Requested</b>		\$	units
<b>As the Account Owner, I certify that,</b> <ul style="list-style-type: none"> <li>I am the designated Account Owner on this GET account.</li> <li>In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), I authorize the <b>Guaranteed Education Tuition Program</b> and the college listed above to disclose to each other personally identifiable information, including the Student Beneficiary's Social Security number and any other account information necessary to make a distribution from my GET account.</li> <li>This distribution or reimbursement is to pay for qualified higher education expenses as defined by Internal Revenue Code Section 529. I understand that I am responsible for determining whether the expenses for which these funds are used are qualified or non-qualified, and for reporting the 10 percent of earnings penalty for non-qualified distributions on my federal tax return. Qualified higher education expenses include the costs of tuition, fees, books, supplies, and equipment required for the enrollment or attendance at an eligible institution.</li> </ul>		<ul style="list-style-type: none"> <li>IRS rules on qualified and non-qualified higher education expenses are available at <a href="http://www.irs.gov/pub/irs-pdf/p970.pdf">www.irs.gov/pub/irs-pdf/p970.pdf</a></li> <li>It is my responsibility to monitor the available units in my GET account as well as the balance owed on my college account and the tuition due dates.</li> <li>I have verified the payment amount due.</li> <li>I understand that charges not covered by GET funds are my responsibility and that, at the discretion of the college, late fees may accrue on past due charges.</li> <li>If the student withdraws from college, non-refundable fees and tuition owed to the college will be paid from GET distributions.</li> <li>Overpayments to colleges due to withdrawal or dropped classes will not be returned to your GET account and may have tax consequences when refunded to the student.</li> <li>Requests for distribution may not exceed the balance remaining in the Student Beneficiary's GET account for that academic year.</li> <li><b><u>I certify that the information provided on this form is true and correct to the best of my knowledge and belief.</u></b></li> </ul>	
Account Owner Signature _____		Date _____	
Notary Section – (Notarization of the Account Owner's signature is required only for checks payable to the Student Beneficiary.)			
State of _____		County of _____	
I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.			
Date _____		Signature _____	
(Seal or Stamp)		Title _____	
		My appointment expires _____	

Send to: Guaranteed Education Tuition, P.O. Box 43450, Olympia, WA 98504-3450 or 360-704-6200 (Fax)

Questions: GETInfo@hecb.wa.gov or 1-800-955-2318