



## STATE JUSTICE INSTITUTE EDUCATION SUPPORT PROGRAM (ESP) REIMBURSEMENT REQUEST

1. Name (Last, First, MI)	3. Email Address	4. Award Number SJI -S-
2. Social Security Number	5. Award Period	6. Office Phone
7. Mailing Address	8. Request/Invoice Date	
	<b>Award Information</b>	
	9. Total Award Amount	\$ -
10. Destination (City and State)		
<b>TUITION COST</b>		
11. <b>Tuition Cost - Not to exceed amount awarded</b> (please attach a copy of the certificate of attendance, along with a receipt).		\$ -
12a. I certify that this information is true and correct to the best of my knowledge and belief, and that payment or credit for these expenses has not been received by me.		<b>12b. Amount Claimed</b>  → \$ -
_____	Date	
_____		<b>SJI Use Only</b>
ESP Program Coordinator Approval	Date	
_____		
Finance Approval	Date	
_____		
_____		Adjustments
_____		\$ -
_____		\$ -
Payment Approved Executive Director	Date	\$ -
Accounting Information (For SJI Use Only)		Total Verified
		Payment Verified

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