LTHET CONTACT INFO & EXPENSE REIMBURSEMENT REQUEST

Send to your LTHET Education Branch Chief via encrypted email in outlook. Allow 30-45 days for processing before inquiring on the status of your request. Please type or write clearly to avoid delays in payment. Submit Thesis and Dissertation request <u>within 90 days</u> of degree completion. Students must submit documentation indicating degree completion. Acceptable documentation includes an encrypted emailed copy of the student's diploma or certificate, or a scanned/e-mailed copy of a final transcript <u>stating that degree</u> requirements were met.

MEMORANDUM FOR:	Long Te	erm Health	Education/	Training,	AMEDDC&S,	HRCoE
	ATTN:	Education	Branch Chie	f		

SUBJECT: Request for Stipends and/or	r Expense Reimbursements					
Full Name:	Rank: SSN	۱:				
Address:						
City:	State:	Zip Code:				
Day Time Number: ()	Work Number: ()				
Soldier's <u>Outlook</u> E-mail Account:		mil@mail.mil				
Soldiers <u>School</u> E-mail Account:						
Soldier's most reliable E-mail address:						
	(May be a personal ac	ccount)				
University/Location:	Academic Year of Request:					
Your Branch:						
Name of Program you were selected for: _						
		🗌 Equipment 🗌 Othe				
<u>Mandatory paym</u>	nent by Electronic Funds This section Not Applicable to	Transfer (EFT) is requi TWI students.	red.			
Name of Bank:	Routing #:	Account #:				
Bank Address:	City:	State:	Zip:			
SIGNATURE:						
This information is provided pur individuals supplying information students and process reimbursemen	n for inclusion in a system	f 1974 (Public Law 93-57 of records. Routine Uses:	Communicate with			

students and process reimbursements. Disclosure is voluntary. Failing to disclose requested information may result in your stipend or reimbursement being delayed or denied. All previous version of this form are obsolete as of 14 April 2016