## PSEO Student Reimbursement Form Course Packets and Books



Effective July 1, 2019, Post-Secondary Enrollment Options (PSEO) students may ONLY be reimbursed for required materials that are not available at the Husky Bookstore on the SCSU campus in Centennial Hall. The PSEO Office will verify availability with the Husky Bookstore before a refund is issued.

- Sales tax and textbook shipping costs are not reimbursable.
- Books/materials reimbursed through PSEO are the property of SCSU and must be returned to the Husky Bookstore
  during finals week. Students who do not return their materials may be charged 50% of the original purchase price and a
  financial hold placed upon their student account.
- If you have questions about whether an item is reimbursable, please ask before purchasing.
- Reimbursement checks/deposits may take 4-8 weeks.

**Student Information** 

## Please read and complete these instructions in its entirety or your reimbursement request will not be processed.

- 1. Complete a new form for each course with a reimbursable item, including itemization of expenses.
- 2. Register as a vendor with the State of Minnesota if you haven't already. Instructions can be found on the PSEO website under Textbook Return/Reimbursement Forms.
- 3. Attach the original receipt(s) to the completed form. This receipt MUST be itemized and document charges to student/family.
- 4. Attach a copy of the course syllabus with the required packet(s) or book(s) listed.
- 5. Please return completed form & documents to the PSEO Office in Miller Center, Suite 140 by respective semester's reimbursement deadline.

## Name: SCSU Tech ID: Vendor ID (required): \_\_\_\_\_ You will receive an email with this number following registration as a vendor with the State of Minnesota. Full Mailing Address: **Course Information** SCSU Course (ie PSY 115): \_\_\_\_\_\_ Semester/Year: \_\_\_\_\_ <u>Itemization of Expenses (as listed on receipt):</u> Item: Cost: Item: \_\_\_\_\_ Cost: \_\_\_\_\_ Item: \_\_\_\_\_\_ Cost: \_\_\_\_\_ Item: \_\_\_\_\_ Cost: \_\_\_\_ I certify that the expenses outlined above are correct and that I have paid the total amount shown. I am not being reimbursed by any other source. I understand that my reimbursement will not be processed until my registration is successful as a vendor with the State of Minnesota (Step 3). \_\_\_\_\_ Date: \_\_\_\_\_ PSEO Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_