



# KEES Expense Reimbursement Request

Kentuckians who have an unexpired KY Educational Excellence Scholarship (KEES) award and have opted into a KEES reimbursement pathway may submit this form to request reimbursement of program expenses. Approved expenses include items such as tuition, books, course materials, and travel. The total reimbursed each year cannot exceed the total KEES earned while in high school.

Note - A KEES reimbursement pathway selection form, available at [www.kheaa.com](http://www.kheaa.com), must be on file with KHEAA before reimbursement is requested. You may contact KHEAA at (800) 928-8926 ext. 67396 to check your status.

To request reimbursement for program expenses, complete this form and return it, along with dated and itemized receipt of the items purchased, to the following address:

**KHEAA**  
**Attn: KEES Reimbursement**  
**P.O. Box 798**  
**Frankfort, KY 40602-0798**

**Requests for the period ranging from July 2023 to June 2024 must be postmarked on or before June 15, 2024.**

Additional request forms may be completed and submitted as needed.

**(Please print legibly)**

Student Name \_\_\_\_\_ Last Four of SSN \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Student Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Student Email \_\_\_\_\_

Item Purchased	Store/Place Where Purchased	Amount (excluding taxes)
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Travel Amount Requested (No proof of purchase required. Up to \$500 per year) \$ \_\_\_\_\_

**TOTAL AMOUNT REQUESTED** \$ \_\_\_\_\_

**Certification and Signature (required)**

**Student:** *I certify I purchased the items listed above to satisfy the requirements of my training program.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Authorized Representative** (employer/sponsor or training provider): *I certify the purchased items listed above are required for participation in and completion of the student's program.*

Representative's Organization (print) \_\_\_\_\_

Representative's Name (print) \_\_\_\_\_ Phone Number: \_\_\_\_\_

Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_