

GED Fee Reimbursement Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
E-Mail Address	

Test Fee Total:

\$ _____

Please attach receipt for Fee.

Total Days Worked at Taco Bell

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	
RGM Name (printed)	
RGM Signature	
Date	

Please submit completed form to Megan Gebhardt (megan.gebhardt@gmail.com).