



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, must be on file with KHEAA before reimbursement is requested.

To request reimbursement for program expenses, complete this form and return it, along with dated and itemized receipt of the items purchased. The form and receipts can either be emailed to kees@kheaa.com or mailed to the following address:

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

Requests for the period ranging from July 2025 to June 2026 must be postmarked on or before June 15, 2026.

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 _____