



## Education Fee Reimbursement Form

E8PA Cardholder Name : \_\_\_\_\_

Enagic Distributor ID : \_\_\_\_\_

Relation to Student : \_\_\_\_\_

Student Name : \_\_\_\_\_

Student's Date of Birth : \_\_\_\_\_

Name of College/University : \_\_\_\_\_

Major/Degree of Study \_\_\_\_\_

Date of payment	Purpose of payment	Amount	Amount claimed for reimbursement
	Enrollment Admission		
	Tuition		
		Total amount	

I certify that the fees indicated above have been paid by receipts provided from institution(s).

Hereby agree to use my E-points in amount of \_\_\_\_\_  
(Amount in Currency Paid)

for education fee reimbursement of \_\_\_\_\_  
(Student Name)

to be paid to \_\_\_\_\_  
(Recipient Name and Distributor ID )

I consent to the total amount indicated above to be converted to E-points and deducted from my available E-point balance in accordance to E8PA office's rules and regulations.

Donator's Print Name \_\_\_\_\_

Donator's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

