



DIRECTIONS: Print this form, complete it, attach breakdown of tuition, fees, equipment and supplies from the school catalogue/brochure and send by mail or fax to:
Address: **The Alliance FAD/FAED Program, 80 Cottontail Lane, Suite 320, Somerset, NJ 08873** For more information call: **(800)323-3436, Fax (732)563-1724**

I. APPLICANT INFORMATION

LAST NAME:	FIRST NAME:	INITIAL:	<input type="checkbox"/> AT&T <input type="checkbox"/> Alcatel-Lucent <input type="checkbox"/> Avaya	HRID# or ATTUID#:	TERMINATION DATE:
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HOME ADDRESS (Street/Unit# and City/State/Zip):	Phone: () _____ - _____
	Cell Phone: () _____ - _____

II. SERVICE PROVIDER OR SCHOOL INFORMATION - TYPE OF EXPENSE (check one): OUTPLACEMENT RELOCATION TUITION TRAINING RELATED COMPUTER

SERVICE PROVIDER (Company or School Name):	CONTACT PERSON:	Phone: () _____ - _____
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SERVICE PROVIDER/SCHOOL BILLING ADDRESS (Street/Unit# and City/State/Zip):

III. EXPENDITURE INFORMATION (Additional Fees Required – Such As Books, Uniforms, Relocation Expenses & Equipment)

DESCRIPTION OF TRAINING / SERVICE	TRAINING OR SERVICE START DATE	COST
1)		\$
2)		\$
3)		
EQUIPMENT DETAILS (LIST OUT ITEMS HERE)	PURCHASE DATE	COST
1)		\$
2)		
3)		
PAY TO (check one): <input type="checkbox"/> Reimburse Applicant <input type="checkbox"/> School/Service Provider		TOTAL COST: \$

IV. CONDITIONS

I am applying for the above expenditures under the FAD/FAED Program. I understand that 1.) Prepayment(s) (*Tuition only*) or reimbursement(s) will be subject to the conditions contained in the agreement, and 2.) I am responsible for payment of all non-approved costs. In addition, I agree to provide whatever information may be required for the administration of The Alliance FAD/FAED Program is subject to meeting its provisions.

Applicant's Signature:	Date:
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OFFICE USE ONLY	<input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> R	COST \$ _____
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