

## MARKETAXESS TUITION ASSISTANCE PROGRAM REQUEST FOR REIMBURSEMENT

**Instructions:** You can file for reimbursement of class costs, fees, labs, and books upon receiving your grades. To file, please complete this form, submit your invoice / bills, and provide your official transcript. Only grades of A, B, and C or "Pass" for Pass/Fail courses will be reimbursed.

**Note:** Please save this document to your desktop BEFORE filling it out.

No reimbursement will be made if a) a Notification of Participation form was not submitted or b) the above requirements are not met.

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

Semester End Date: \_\_\_\_\_

### Grades

Class Name	Class Number	Cost	Grade

### Other Costs

Description	Cost
	\$
	\$
	\$
	\$

<b>Total Amount Claimed</b>	\$
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I have attached a copy of an official transcript

I have attached copies of all invoices and bills

I understand the requirements of the MarketAxess Tuition Assistance Program.

I understand that I will owe MarketAxess (the "Company") the full amount of money paid for Tuition Assistance if a) I voluntarily leave MarketAxess or b) I am terminated for Cause (willful misconduct; material breach of any Company policy;

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gross negligence in the performance of duties; or a conviction of, or plea of guilty to, a crime relating to the Company or any affiliate or any felony) within one year of payment being made by MarketAxess. I authorize MarketAxess to collect any funds owed via the withholding of funds from my paycheck. I acknowledge that any such deduction would be for my benefit, as it constitutes repayment of a tuition payment made on my behalf by the Company.

Employee note: Save this document to your desktop before filling it out. Please sign using an e-signature and e-mail to your manager for approval.



Employee Signature: \_\_\_\_\_

Manager Signature: \_\_\_\_\_

Manager note: Save this document to your desktop before filling it out. Please sign using an e-signature and e-mail to HR for final approval.



**For HR Use Only**

HR Approved Signature: \_\_\_\_\_

Date Sent for Processing to Finance: \_\_\_\_\_

Date Payment Made: \_\_\_\_\_