



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 _____

