

**Killingly Public Schools**  
**P.O. Box 210, 79 Westfield Ave.**  
**Danielson, CT 06239**

*Revised 7/2013*

**Form II**  
**Verification Completion Form for Education Credit Reimbursement**  
**(After course is successfully completed)**

Name \_\_\_\_\_ Position \_\_\_\_\_

Title of Course/Test \_\_\_\_\_

Dates Attended \_\_\_\_\_

Attached is official proof of successful completion of my approved course/test (transcript/grade report or test results) and documentation of expenses (canceled check or receipt-photocopy acceptable).

Date \_\_\_\_\_

Signature \_\_\_\_\_

**Central Office Only**

Account # \_\_\_\_\_

Account Allocation \_\_\_\_\_

Unencumbered Balance \_\_\_\_\_

Amount \_\_\_\_\_

Reimbursement in the  
Amount of \$ \_\_\_\_\_  
is approved.

Date \_\_\_\_\_

Asst. Superintendent \_\_\_\_\_