

COLLEGE/ UNIVERSITY TUITION REIMBURSEMENT VOUCHER

BOARD OF EDUCATION OF THE
BRIDGEWATER-RARITAN REGIONAL SCHOOL DISTRICT
836 Newmans Lane- P.O. Box 6030
Bridgewater, NJ 08807-0030
(908) 685-2777 Fax (908) 231-8496

For Business Office Use Only

Requisition # _____

Purchase Order # _____

Account	Amount

Name: _____

Address: _____

School: _____

Bills must be submitted to the Board/ Business Office by the first of the month to be processed for payment by the end of the month.

Course Name: _____

- Copy of Course Bill
- Amount of Reimbursement Requested: \$ _____
- Proof of Payment (Copy of cancelled check, credit card statement or confirmation from college)
- Transcript (For grade received)

Semester: _____ Summer _____ _____ Fall _____ _____ Spring _____

Claimant's Certification and Declaration: I do solemnly declare and certify under the penalties of the law that the above bill is correct in all its particulars; that the articles or services have been furnished or rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim and that the amount therein is justly due and owing. **Route to: Human Resources Department**

Signature: _____

Date: _____

For Human Resources/ Business Office Use Only: Authorizations

Human Resources Manager: _____

Business Administrator: _____

Check Date: _____

Check Number: _____