



COURSE REIMBURSEMENT REQUEST

DATE: _____

NAME: _____

HOME ADDRESS: _____

TOWN: _____

STATE: _____

ZIP: _____

NAME OF COURSE: _____

COST OF COURSE: \$ _____

DATE OF COURSE: _____

EMPLOYEE SIGNATURE: _____

NEEDED FOR REIMBURSEMENT PER ARTICLE 8.3 OF CBEA TEACHERS CONTRACT
1. WRITTEN/EMAILED REQUEST FOR REIMBURSEMENT
2. SIGNED PRELIMINARY COURSE APPROVAL FORM
3. PROOF OF PAYMENT FOR COURSE (*cancelled check or credit card statement showing name, college & charge for the course*)
4. TRANSCRIPT SHOWING PASSING GRADE (3.0 or B)
Allowable Reimbursement per year: 2 courses; \$1,000 total

OFFICE USE ONLY:
AMOUNT OF REIMBURSEMENT: \$ _____
Approval of Reimbursement SIGNATURE: _____
DATE: _____
ACCOUNT: 100 99 0300 6132 00