

Lancaster City Schools
PROFESSIONAL DEVELOPMENT - TUITION REIMBURSEMENT – Appendix G
(Form must be completed and approved within two weeks from the start of the course)

NAME: _____ DATE: _____

Address: _____

Home Building: _____

COURSE TITLE / COURSE #: _____

COLLEGE/UNIVERSITY: _____

HOURS: Quarter Hours _____ Semester Hours _____

Total Tuition Cost: _____

COURSE DESCRIPTION: _____

TERM TAKEN: _____

COURSE BEGINNING DATE: _____

COURSE END DATE: _____

TEACHER'S SIGNATURE: _____

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Approved for reimbursement in:
__ Term 1(July 1-October 31) Term 2 (November 1- Feb. 28/29) ____ Term 3 (March 1 – June 30)

Not approved _____

Comments: _____

LPDC Signature: _____

Date: _____

Treasurer's Certificate: It is hereby certified that the amount \$ _____ required to meet the contract, agreement, obligation, payment of the expenditure for the above has been lawfully appropriated or authorized or directed for such purpose and was in the Lancaster Board of Education Treasury or in process of collection the credit of the General Fund free from any obligation or certification now outstanding.

Treasurer: _____ Dated: _____

To obtain reimbursement – submit a copy of this approved form along with a grade slip/ transcript to the Human Resources Office.

