



COURSE REIMBURSEMENT PAYMENT REQUEST

STAFF INFORMATION: Name: _____

School: _____ Position: _____

COURSE TITLE: _____

COLLEGE / UNIVERSITY: _____

I have:

- Submitted a Course Reimbursement Form that was approved by the Superintendent
- Submitted a W-9 form that is on file with the Business Office
- Submitted the final course grade
- Submitted proof of payment for the course

Employee Signature: _____ **Date:** _____