



**Public Schools of the Tarrytowns**

**OPTICAL REIMBURSEMENT CLAIM FORM**

EMPLOYEE: \_\_\_\_\_

Date: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DATE INCURRED	EXPLANATION FOR PURCHASE <small>*(Attach all original receipts)</small>	TAT, Confidential	CSEA Unit I/TAA	CSEA Unit II	EXPENSE AMOUNT
<b>TOTALS:</b>					

**TAT / Confidential**  
 \$200 Per Claim  
 \$200 Maximum Claim Per Year

**TAA/CSEA Unit I (Full-Time)**  
 \$100 Per Claim  
 \$200 Maximum Claim Per Year

**CSEA Unit II (Full-Time)**  
 \$200 Per Claim  
 \$200 Maximum Claim Per Year

EMPLOYEE SIGNATURE: \_\_\_\_\_

BENEFITS OFFICE APPROVAL: \_\_\_\_\_

**FOR BUSINESS OFFICE USE ONLY**  
 Budget Code: A 9089-802-00-0000

BUSINESS OFFICE APPROVAL: \_\_\_\_\_ Date: \_\_\_\_\_

Claim 1 of 2: \_\_\_\_\_

Claim 2 of 2: \_\_\_\_\_