



## *Public Schools of the Tarrytowns*

### OPTICAL REIMBURSEMENT CLAIM FORM

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

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

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

\_\_\_\_\_

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

#### TAT / TAA / Confidential

\$100 Per Claim

\$200 Maximum Claim Per Year

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

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

#### CSEA Unit I (Full-Time)

\$100 Per Claim

\$200 Maximum Claim Per Year

#### FOR BUSINESS OFFICE USE ONLY

Budget Code: A 9089-802-00-0000

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

#### CSEA Unit II (Full-Time)

\$50 Per Claim

\$100 Maximum Claim Per Year

#### Pro-Rate

All Part-Time Employees

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

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