

**Monadnock Regional School District
Tuition Reimbursement**

Name _____ School/Position _____ Date _____

Please Provide:

Educational Institution: _____

Name of course(s): _____

Number of credit(s): _____

Cost per credit: _____

Requested amount: _____

Please Attach:

- Proof of payment**
- Proof of registration**
- Detailed bill from school**
- Proof of grades when received**

Employee signature: _____ Date: _____

Supervisor signature: _____ Date: _____

SAU Office use only

Amount approved: _____
Charge to account number: _____
Superintendent signature: _____ Date _____
Business Administrator signature: _____ Date _____