

NAME:				Tuition Reimbursement Request Form			
School(s) Attended:							
Dates Attended:							
						Hours	
Name of Course(s)						Semester/ Quarter	
Reimbursement Costs:							
Travel				<p>Full Reimbursement is not Guaranteed</p> <p>Reimbursement will be based on the availability of funds</p> <p>Documentation Needed:</p> <p>Transcripts, grade report or letter from instructor verifying completion of course(s); plane/ferry ticket; copies of checks or receipts.</p>			
Tuition							
Special Fees							
Total Amount Requested:		\$ -					
<p>Tuition Reimbursement requests are due to Samantha Burke in the District Office no later than October 1st (for summer courses) OR June 1st (for school year courses).</p>							
<p>I understand that reimbursement for all or part of the above educational plan obligates me to continue teaching in the Valdez City School District for the school year _____.</p>							
Signature						Date	
Superintendent Signature						Date	

Accounting | Req # _____ Entered in BMS: ____ / ____ / ____