

College Loan Reimbursement Form

Name of Teacher _____ School _____

Home Address _____

Town/City _____ State _____ Zip _____

Current Step on Salary Scale (0-4) _____

Loan Title _____

Account # of Loan _____

Address of Loan Company _____

Town/City _____ State _____ Zip _____

Note: Please attach a copy of your billing statement.

College to which Loan Applies _____

Number of Reimbursements Previously Received under Article VI, 6.9 (B) [Please Circle]

0 1 2 3 4

Please forward this form to Lillian Sutton (x6951) at the SAU#93 office. Please include with the form a copy of the documentation confirming the loan and its amount for the Business Office.