TUITION REIMBURSEMENT FORM
CERTIFIED STAFF
COLLEGE COURSE WORK

For precise wording, please see Section VIII.F, on pages 45 - 47 of the "Agreement between Board of Education, Proviso Township High Schools, District 209, Cook County, Illinois, and Proviso Teachers' Union, Local 574, American Federation of Teachers, AFL-CIO.

Name _____ Signature _____ Date _____

Reimbursement is requested for:

College or University	Name of Course	Course Number	Grade	Tuition	Date Completed

Please attach originals or copies of tuition bills or invoices from your college or university. Your personal records cannot be accepted. An official (unopened) copy of your transcript will need to be verified prior to reimbursement

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For Office Use Only

Course Name	Invoice Received	Transcript Verified	Reimbursement Amount

Approval _____ Date _____