

Tuition Reimbursement Request for Payment

Pemberton Township Board of Education
One Egbert St, Pemberton, NJ 08068

PAY PERIOD: From _____ to _____ *(Pay periods and due dates are located on the District website)*

Name: _____ Job Title: _____

Building: _____ Board Approval Date: _____

Description	Account Number	Date(s)	School Year
	Business Office Use Only		
Tuition Reimbursement	11-000-291-280-0-005-00		
		TOTAL	\$

CLAIMANT'S SIGNED DECLARATION: *I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received buy any person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein is justly due and owing; and that the amount charged is a reasonable one:*

Date SubmittedEmployee SignatureEmployee ID#

Approved: Authorized Signature: HR Director

Revised 5-28-26

NOTES/COMMENTS: