

PLAINVILLE PUBLIC SCHOOLS

Course Reimbursement Request Form

IMPORTANT SUBMISSION REQUIREMENTS & GUIDELINES

- **Initial Approval (Office of the Superintendent):** Submit this form to the **Office of the Superintendent** prior to taking the course (Deadline: **April 15**).
- **Reimbursement Process (Business Office):** Upon course completion, submit your transcript, proof of payment (bank/ credit card statement displaying your name), and a completed *Expense Reimbursement Form* directly to the **Business Office**.

1. APPLICANT DETAILS

Employee Name: _____ Fiscal Year: _____
Grade / Area: _____ Submission Date: _____

2. COURSE INFORMATION

Course Title: _____
Granting Institution: _____
Semester Hours: _____ Total Cost (\$): _____
Start Date: _____ Completion Date: _____
Degree Program? ☐ Yes ☐ No ☐ Course description attached

3. EDUCATIONAL BENEFIT STATEMENT

In what way will you and/or your students benefit from taking this course?

4. APPLICANT AUTHORIZATION

Applicant Signature: _____ Date: _____

FOR ADMINISTRATIVE & OFFICE USE ONLY

Superintendent Recommendation: ☐ Recommended ☐ Not Recommended

Superintendent Signature: _____ Date: _____

Date Received:

Business Office Processing: _____ ☐ Transcript Received ☐ Receipt Received