Tuition Reimbursement
Request for Payment

Pemberton Township Board of Education

One Egbert St, Pemberton, NJ 08068

Board Approval Date and Agenda Item #: _____ Must Include Both (If Applicable)

Name:_____ Job Title: _____

Building:_____

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 Submitted **Employee Signature**

_____

Approved: Authorized Signature: HR Director

Revised 10/14/26

NOTES/COMMENTS: