



COURSE REIMBURSEMENT FORM

NOTE: Proof of payment is required for reimbursement:

*Credit Card statement *Canceled check (front & back) *Receipt from College/Student Loan

***Your name MUST appear on your proof of payment.**

HR requires an **official transcript** within 90 days of course completion. Payment will not be processed until the transcript is received

MIDDLE SCHOOL

SECTION A: To be completed by EMPLOYEE:	
Name:	School:
School Position:	
COURSE(S) TO BE REIMBURSED	ACTUAL COST
	\$
	\$
	\$
Total Actual Amount Paid*:	\$
*Reimbursement amount to be calculated by Central Office	
Employee Signature:	
Date:	
SECTION B: To be completed by SCHOOL:	
MUNIS Vendor #	
ORG# 35609303 / 500006	Middle School Teacher
ORG# 35609304 / 500006	Middle School Teacher SPED
ORG# 35609321 / 500004	Middle School Admin
ORG# 35609310 / 500004	DW - Nurse
ORG# 35609314 / 500004	DW – OT, PT
Other (please indicate ORG/OBJ):	
Principal/Director Signature:	
Date:	
Central Office Use Only	
FY:	Course #:
Reimbursement Amount:	
PO#:	Transcript Received: