

**TEACHER REIMBURSEMENT FORM
COURSE / WORKSHOP / LICENSE**

TEACHER NAME: _____

\$200 Reimbursement Limit according to the Teacher Negotiated Agreement.

DATE OF COURSE	COURSE NAME	UNIVERSITY	CREDITS	COST
TOTAL				

Receipts and Final Grade must be attached.

TEACHER REIMBURSEMENT -- TEACHING OR SERVICE LICENSE

LICENSE RENEWAL -- DATE : _____ LICENSE RENEWAL -- COST : _____
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Receipt must be attached.

Total Reimbursement Request : _____

Teacher Signature: _____

Date: _____

Director Approval	Date
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