



# TUITION REIMBURSEMENT FORM

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

Location: Taft  Eisenhower  Madison  Coolidge  JBAC

**I. COURSE INFORMATION – Completed by employee**

**\*\*\*PLEASE NOTE - INELIGIBLE FOR REIMBURSEMENT IF ENROLLMENT APPROVAL WAS NOT OBTAINED\*\*\***

**COLLEGE/UNIVERSITY:**

Course Title & Number	Graduate Level	“A”/ “B” Grade Transcript Attached?	Tuition Receipt Showing Proof of Payment Attached?
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Credit Hours: Semester <input type="checkbox"/> or Trimester <input type="checkbox"/> or Quarter <input type="checkbox"/> <i>Please convert trimester/quarter hours to Semester Hours</i>	Tuition Amount Per Credit Hour	Tuition Total
Total Credit Hours:	\$ _____	\$ _____

**II. APPROVAL – Completed by District Office**

Credited to School Year: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Amount Approved for Payment: \$ \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_

APPROVED:  NOT APPROVED: