



Tuition Reimbursement Form

Employee Name: _____

Course Title: _____

Amount Requested: \$ _____

***Note: If the requested amount is over your annual assistance allotment, you will need to complete a Tuition Pool Assistance Form for the balance of your request.*

Form of Payment: *(Please select one)*

_____ Reimbursement-*(I have already paid for the course and am seeking reimbursement)*

- Copies of payment receipts must be signed & attached before reimbursement will be made
- Copies of proof of completion/attendance must be submitted within 30 days of completion.

_____ District Paid – *(I’m requesting to have the District directly pay the vendor for this course through the purchase order process)*

- After all signatures have been received, this form needs to go to the building secretary so that a purchase order can be entered
 - PO# _____ \$ _____
- Copies of proof of completion/attendance must be submitted within 30 days of completion.

Employee Signature

Date

Supervisors’ Signature

Date

Superintendents’ Signature

Date

Business Managers’ Signature

Date

Amount Approved \$ _____

Account Code: 0100.31.7330._____._____.0000.1
Location / Staff Code