CLAYSBURG-KIMMEL SCHOOL DISTRICT
Claysburg, PA 16625

GRADUATE CREDIT REIMBURSEMENT

Preapproval

I request approval to take the following course and to be reimbursed for the cost:

TEACHER NAME _____

DATE OF PERMANENT CERTIFICATION _____

College or University	Course Name and Number	Credits	Date to be Completed
_____	_____	_____	_____
_____	_____		

SIGNATURE OF SUPERINTENDENT _____ Date_____

* *

Reimbursement Approval

I completed the above course on (date)_____.
I have attached a copy of my transcript and cancelled check or bursar's receipt. The cost per credit is $_____. I am requesting reimbursement of my credit costs. (spring and summer courses reimbursed in October, fall and winter courses reimbursed in February).

_____   _____
           teacher signature   date

_____   _____
        superintendent signature   date

(office use only)

Total $
Vendor#
Account#