CLAYSBURG-KIMMEL SCHOOL DISTRICT Claysburg, PA 16625

GRADUATE CREDIT REIMBURSEMENT

Preapproval

I request approval to take to cost:	he following co	ourse and to be	reimbursed for the
TEACHER NAME			
DATE OF PERMANENT CERTIFICAT	CION		
College or University	Course Name and Number	Credits	Date to be Completed
SIGNATURE OF SUPERINTENDENT			Date
* * * * * * * * * * * *			* * * * * * * * * *
E	Reimbursement A	pprova <u>l</u>	
I completed the above course I have attached a copy of my receipt. The cost per credi of my credit costs. (spring winter courses reimbursed in	transcript an It is \$ and summer cou	d cancelled chec	sting reimbursement
		10	
teacher signature		date	1
superintendent sign	nature	date	•
(office use only)			
Total \$ Vendor#		= 1	

Account#