



COURSE APPROVAL FORM AND REIMBURSEMENT REQUEST FORM

(Complete one form per course)

*Neither credit nor reimbursement will be awarded without Superintendent's **PRIOR** approval of the course being taken*

Name: _____ Position: _____
 Date: _____ School: _____

Complete form along with a copy of the course description to the Office of the Superintendent. After Superintendent reviews and signs, a copy will be returned to the employee. Upon completion of the course a copy of the signed reimbursement form, proof of payment and transcript must be submitted to the Finance office.

Course: _____ Actual start date: _____
 Course ID/#: _____ Cost: _____
 Institution: _____ Anticipated end date: _____

Are you seeking reimbursement Yes No (Once you check a box above, print, sign and forward to your Principal/Director)	Principal/Director Approval: Yes No
_____ Employee Signature	_____ Signature
_____ Date	_____ Date
Superintendent's Approval: Yes No	
_____ Signature	
_____ Date	

For office use only:

Transcript received: Yes No Date processed: _____
 Amount approved: _____
 Vendor # _____ Finance approval: _____
 PO # _____ Leave PO open Close PO

48026D05-70608 – general

48026D06-70665 - BT