

48026D06-70665 - BT

COURSE APPROVAL FORM AND REIMBURSEMENT REQUEST FORM

(Complete one form per course)

Neither credit nor reimbursement will be awarded without Superintendent's <u>PRIOR</u> approval of the course being taken

Name:		Position:		
Date:		School:		
Superintendent reviews a	th a copy of the course dend signs, a copy will be returnursement form, proof of pay	ned to the employee. Up	oon completion of the cours	e a
Course:		Actual start date:		
Course ID/#:		Cost:		
Institution:		Anticipated end date:		
Are you seeking reimburs (Once you check a box above Principal/Director)	sement Yes No e, print, sign and forward to your	Principal/Director Appro	oval: Yes No	
Employee Signature	 	Signature	 Date	
Employee Signature	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				