FOR OFFICE USE ONLY

Date sent Superintendent for signature:

_____

BIDDEFORD SCHOOL DEPARTMENT

Professional Reimbursement Request Form

FOR OFFICE USE ONLY

Date received in Business Office for processing:

_____

_____ _____ _____

Name (please print) **Social Security Number** **School**

_____ _____ _____

Address (please print) **City, State, Zip** **Home Phone**

I am requesting reimbursement for the course(s) listed below in accordance with Article 12 of the agreement between the Biddeford School Committee and the Associations: Teachers, Administrators, Ed Tech IIs and Ed Tech IIIs.

Course Number	**Semester Hours**	**Year of Course**	**Amount of Course**	FOR OFFICE USE ONLY **Approved Amount**

Account number to be charged: _____ _____
(account number) (initialed by)

I have attached the following documentation:

☐ LSST Pre-Approval Form(s) (Teachers)

☐ Master's Degree Pre-Approval Form(s) (Teachers)

☐ Letter of Pre-Approval (Ed Techs & Administrators)

☐ Official Transcript(s)

☐ Receipt(s) from Instructions(s) *

***NOTE:** Receipt(s) must indicate breakdown of tuition fee and additional fees (if applicable); receipts that do not show the tuition fee breakdown will not be accepted.

Applicants will not be reimbursed unless the above documentation is attached to this form.

_____ _____

Employee Signature **Date**

OK to reimburse per:

☐ Teacher's Contract

☐ Administrator's Contract

☐ Ed Tech II Contract

☐ Ed Tech III Contract

_____ _____

Superintendent Signature **Date**

Revised 1/05