

BLOOM-CARROLL LOCAL SCHOOL DISTRICT

COLLEGE/UNIVERSITY REIMBURSEMENT REQUEST

 **SUBMIT THIS FORM TO THE SUPERINTENDENT'S SECRETARY** 

These 3 items MUST be included when submitting this form:

1. FORM 3A - Completed College/University Approval signed by LPDC officer
2. A grade report(s) or transcript [An **“official” transcript** is only required in the Superintendent’s Office when you have changed salary columns i.e., B to B/150; B/150 to M, etc.]
3. A receipt showing payment for your class(es)

Treasurer will make yearly payments. Deadline for submission is July 31st.

Name: _____ Date: _____

College/University: _____ Date[s]/Year[s]: _____

I am requesting reimbursement for _____ semester hours @ contractual negotiated rate.

Employee Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____ Reimbursement amount: _____

Official Signature: _____