

SOUTH UMPQUA SCHOOL DISTRICT NO. 19

IIA / HQ

Application for Tuition Reimbursement

Approval must be granted in accordance with Article 22 of the collective bargaining agreement

Name: _____
 Address: _____

Date: _____
 Phone: _____

Name of school you plan to attend: _____

The school you plan to attend is on: Quarter credit terms / Semester credit terms / Other (Circle one)

Term **and** Academic Year you plan to attend: _____

Department and Course Number	Course Title	Credit Hours	Fee
			\$
			\$
			\$
			\$
Totals			\$

Signature	Date
Principal	Date
Director of Instruction	Date

Reimbursement will be made according to the timeline described in Article 22 upon submission of a receipt for tuition paid and grades for the course(s) taken.

 * * * FOR OFFICE USE ONLY * * *

Amount Approved: \$ _____ Date: _____ Approved by: _____

Budget Number: 100.2240.0244.019.330.019 Check No. _____ Date: _____
 200.2240.0244.019.200.019