

MORGAN LOCAL SCHOOL DISTRICT

APPLICATION FOR REIMBURSEMENT COST

PROFESSIONAL GROWTH

NAME _____ DATE _____

SCHOOL _____

1. Name of college or university and location in which work was completed.

2. List the courses completed:

<u>Completion Date</u>	<u>Course Number</u>	<u>Name of Course</u>	<u>Sem.</u>	<u>Qtr. Hours</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I certify the above information to be correct and apply for reimbursement.

Signed _____

Date _____

List your cost per quarter hour: _____ *

Approved Hours for Payment: _____ by Curriculum Supervisor _____ Yes _____ No

Curriculum Supervisor

Superintendent

Date

Date

This completed form must be accompanied by an official transcript or other university Documentation indicating successful completion of course (s).

* Receipts are required for reimbursement. Attach receipts to this form.