

Order No. _____

HAMMONTON BOARD OF EDUCATION
Hammonton, NJ 08037

Name: _____ School _____ Date _____

REQUEST FOR APPROVAL/REIMBURSEMENT FOR GRADUATE COURSE(S)

College _____ Fall, Spring, Summer, Year _____

Course(s):

Number _____ Name _____ Credits _____ Grade _____

Number _____ Name _____ Credits _____ Grade _____

Superintendent's Signature *** Date Approved * Applicant's Signature

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PLEASE NOTE: After completion of course(s), this *signed form must be returned to the Superintendent's Office to process your request for reimbursement. Your **signature must again be affixed (see end of form). It will be necessary for you to attach your transcript and your tuition payment receipt. Your reimbursement for the year beginning July 1 to June 30 is as outlined in Article IX-A of the current agreement.

Cost per credit No. Credits .75

DECLARATION OF PERSON PRESENTING CLAIM AGAINST THE BOARD

I declare that the goods or services itemized in this bill have been delivered or rendered; that no bonus has been given or received by any person/persons with the knowledge of the deponent; and that the above bill is true and correct.

Date _____ **Signature _____ Title _____

** Please sign after completion of course(s)

*** Approval for payment pending receiving necessary paperwork and available funding. Please note: This course is being approved as an acceptable graduate course to qualify for reimbursement upon successful completion and submittal guidelines. Reimbursement is pending the availability of funding as outlined in Article IX of the Negotiated Agreement. You have been placed on a first come – first served basis for reimbursement. Feel free to contact me with any questions, concerns. Thank you.

