

MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 56
Frankfort ! Searsport ! Stockton Springs

COURSE REIMBURSEMENT REQUEST

NAME: _____ STUDENT ID # _____ DATE _____

Name of College				
Course #	Course Name	Tuition	Semester	Reason Code
1.				
2.				

REASON CODES:

- A. Course Taken for Recertification - Not taxable
- B. Course Required by the Board - Not taxable
- C. Graduate Level Course for a Board Required Advanced Degree - Not taxable
- D. Course maintains and/or improves my skills- Not taxable
- E. Course not required to maintain present job - Taxable. I understand that the amount of reimbursement is fully taxable.

_____ I request third party billing.

I state that the above information is true and accurate to the best of my knowledge.

Employee Signature

Date

All courses shall be approved by the Superintendent prior to enrollment. Upon completion of the course, please submit a copy of your receipt and your grade report. See comprehensive contracts for specific details of reimbursement.

Course 1 _____ Budget Year _____

Course 2 _____

Course 3 _____ Expended year-to-date _____

REIMBURSEMENT OCCURS IN SEPTEMBER AND FEBRUARY ONLY.

APPROVED []

NOT APPROVED []

Superintendent's Signature

Date

Revised: June 2, 2006