Manistee ISD

Request for Reimbursement of Training Costs

Staff Name: _____ Position: _____

Course Name:_____ Course Number:_____

_____ _____

_____ _____

Institution: _____ Term: _____

I hereby request reimbursement for the following expenses incurred through enrollment in the above named course(s).

Tuition: _____ (attach supporting documents)

I certify that this request is made in accordance with existing Board policy. I understand that I may be responsible for reimbursing funds advanced based on this request if the above coursework is applied to maintain certification or to advance on a salary schedule.

_____ _____

Employee Signature Date

Preliminary Approval:

_____ _____

Supervisor Signature Date

Order for Payment

Grade(s) Received: _____

_____

Attached is the Grade Report showing successful completion of the above named course(s) and an Invoice documenting the amount paid for tuition.

Pay the above employee $_____ for successful completion of the above named course(s).

Account Number: _____

_____ _____

Supervisor Signature Date