

PAXTON-BUCKLEY-LODA COMMUNITY UNIT SCHOOL DISTRICT NO. 10

**REQUEST FOR EDUCATION REIMBURSEMENT**

DATE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

I request reimbursement for the following:

NAME OF COURSE: \_\_\_\_\_

NUMBER OF HOURS: \_\_\_\_\_

COST OF COURSE:                      PER HOUR:                      \$ \_\_\_\_\_

TOTAL COST:                                      \$ \_\_\_\_\_

TOTAL  
REIMBURSEMENT  
DUE:    \$ \_\_\_\_\_

*(REMINDER: As per Contract, the Board pays \$200.00 per semester hour.)*

\_\_\_\_\_  
EMPLOYEE SIGNATURE / DATE

APPROVED BY:

\_\_\_\_\_  
Superintendent / Date

\_\_\_\_\_  
*Grant paid from, if any?*

**PLEASE RETURN THIS FORM WITH A COPY OF YOUR CANCELLED CHECK OR CHARGE SLIP. IF MOVEMENT IS REQUIRED, THE PBL UNIT OFFICE MUST HAVE AN OFFICIAL COPY OF YOUR TRANSCRIPT.**