

SCHUYLKILL INTERMEDIATE UNIT 29 REIMBURSEMENT FOR CREDITS

INSTRUCTIONS:

Attach with this request for payment:

	Receipt of Course Invoice : PAID
	Grade/Transcript
	Receipt of Book Invoice: PAID*
	Copy of Cancelled Check/Credit Card Receipt

Program

IU	
AVTS	
SPEC ED	

This form **MUST** be completed in full and submitted to the Program Director or to the Superintendent of Vocational Education for reimbursement.

Employee Name (Please Print)

Date

College/University

Term

Year

Date of Course	Course Number	Course Name	Course Credits	Note if Inclusive/SAS* Credits	Tuition Cost	Book Cost	Total Cost

*Receipt of Book Invoice: PAID – If a receipt or cancelled check/credit card receipt is not available for the book payment, the books and prices **MUST** be listed below and signed by the professor.

Book(s)	Amount
	\$
	\$
Signature of Professor	Date

ADMINISTRATIVE ACTION

APPROVED

DENIED

Signature of Approving Officer

Date

Employee Copy