

GLENBROOK HIGH SCHOOLS

ADMINISTRATOR'S APPLICATION FOR REIMBURSEMENT OF PROFESSIONAL DUES AND TUITION

This form is provided to facilitate reimbursement for the two options listed below. Please provide all of the information requested on each item and submit the form to the District Business Office.

EMPLOYEE'S NAME (PRINT): _____ DATE OF REQUEST: _____

SOC SEC *OR* ID NO: _____ AMOUNT OF REIMBURSEMENT: _____

SCHOOL: _____ PHONE EXTENSION: _____

PROFESSIONAL DUES REIMBURSEMENT (LIMIT OF \$150.00)

Please reimburse me \$_____ for the payment of professional dues _____
A copy of my cancelled check or receipt is attached.

Please write a check for \$_____ payable to _____
and mail with the attached completed form.

ADMINISTRATOR'S SIGNATURE: _____

TUITION REIMBURSEMENT (APPROVED BY THE SUPERINTENDENT)

Please reimburse me \$_____ for the payment of tuition for course number listed on the attached transcript from _____ (Institute of Higher Education). My cancelled check or receipt is also attached indicating evidence of payment.

ADMINISTRATOR'S SIGNATURE: _____

SUPERINTENDENT'S SIGNATURE: _____

FOR BUSINESS OFFICE USE ONLY:

DUES: 118244

TUITION: 118230