

**GLENBROOK HIGH SCHOOLS
DISTRICT OFFICE – BENEFITS**

TEACHER’S APPLICATION FOR REIMBURSEMENT OF PROFESSIONAL DUES

This form is provided to facilitate reimbursement to teachers for professional dues. The annual reimbursement benefit is \$100 and the annual deadline for submission of the request is May 1 of each year. All dues payments must be made and dated after July 1 but before May 1 of the fringe benefit year.

Provide all information requested and a copy of your payment (a paid receipt, canceled check or credit card receipt or statement) and submit to Benefits, District Office.

Please print all information

Teacher’s Name _____ Phone Ext. _____

SOC SEC **OR** ID NO: _____

School _____

Date of Request _____

Amount of Reimbursement Requested _____

Professional Organization _____

(Not to be used for GEA, IEA, or NEA dues)

FOR DISTRICT OFFICE – BENEFITS USE ONLY:	
Dues Acct: <u>118244</u>	Amount approved: _____
Date: _____	Approved by: _____