

VENTNOR CITY PUBLIC SCHOOLS
OFFICE OF THE SUPERINTENDENT

Course Reimbursement Request

Date _____

_____ hereby gives evidence* of having successfully completed the course(s) taken below on the dates indicated and requests reimbursement @\$_____ per credit.

COURSE	DATE TAKEN	CREDITS

Total credits _____ Amount requested \$ _____

(Staff Member)** _____ (Date)

(Superintendent) _____ (Date)

*Attach copies of official transcript indicating successful completion of the course(s) and receipt(s) for fee(s) being claimed.

**Signature attests that the requestor will not be receiving funds as reimbursement for these same courses from any other source (i.e., scholarships, grant, veterans' administration, etc.).

(Submit in duplicate; one copy will be returned indicating approval or disapproval.)