

REQUEST FOR GRADUATE PAY

This form will be used for reimbursement only. The documents that must be attached to this form (see list below) will be kept on file.

Teacher's Name _____ Date of request _____

College/University Granting Credit: _____

Course Title: _____

Number of Quarter Hours _____ Number of Semester Hours _____

Teacher's Signature: _____

Superintendent's Signature: _____

All the following documents must be submitted with this form for reimbursement:

- 1) Receipt for Class (canceled check, credit card receipt, university receipt, etc.)
- 2) Grade Report or Transcript
- 3) Copy of Approved "Request for Administrative Approval to Take Graduate Course and Receive Board Reimbursement"

For Use of Treasurer's Office

Number of Semester Hours _____ at \$161.44/hr. maximum Total \$ _____

Total Paid \$ _____