



Lancaster City Schools
PROFESSIONAL DEVELOPMENT - TUITION REIMBURSEMENT – Appendix G

(ONE FORM PER CLASS AND MUST BE COMPLETED AND APPROVED WITHIN TWO WEEKS FROM THE START OF THE COURSE)

RECEIPT OF PAYMENT MUST BE ATTACHED

NAME: _____ **DATE:** _____

ADDRESS: _____

HOME BUILDING: _____

COURSE #: _____

COURSE TITLE NAME: _____

COLLEGE/UNIVERSITY: _____

HOURS: Quarter Hours _____ **Semester Hours** _____

TUITION COST FOR COURSE ONLY: _____ **RECEIPT OF PAYMENT MUST BE ATTACHED**

COURSE DESCRIPTION: _____

TERM TAKEN (Based on when class ends) _____

COURSE BEGINNING DATE: _____

COURSE END DATE _____

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Approved for reimbursement in:
Term 1(July 1-October 31) Term 2 (November 1- Feb. 28/29) ____ Term 3 (March 1 – June 30)

Not approved _____

Comments: _____

LPDC Signature: _____

Date: _____

Treasurer’s Certificate: It is hereby certified that the amount \$ _____ required to meet the contract, agreement, obligation, payment of the expenditure for the above has been lawfully appropriated or authorized or directed for such purpose and was in the Lancaster Board of Education Treasury or in process of collection the credit of the General Fund free from any obligation or certification now outstanding.

Treasurer: _____ Dated: _____

To obtain reimbursement –submit a grade slip/transcript to the Human Resources Office by the 15th day after the Term ends.