BLUE MOUNTAIN SCHOOL DISTRICT ORWIGSBURG, PENNSYLVANIA

2023-2024 REIMBURSEMENT REQUEST FORM GRADUATE, UNDERGRADUATE & ELIGIBLE CREDIT COSTS

Employ	ee	Building Assignment					
Total Co	ost of Courses(s)/Act 48	_Cost per credit/Act	48 _				
Date Co	urse(s)/Act 48 Completed	_Date Submitted*					
	Number of Credits Already Reimbursed in year	ndicated above: 0	3	6	9	(Circle Or	ne)
bargaini at the S	rsement for the cost of graduate, undergraduate and ng unit member based on the graduate course per credummer 2016 tuition rate in accordance with the Collegreement will be made for course/Act 48 credits only	it cost of Pennsylvani ective Bargaining Agr	a Sta	ite Un ent. Tl	ivers	sity (Main C mount is \$8	Campus) capped 05.00 per credit.
N	welve (12) credits per year up to receipt of 24 credits a line (9) credits per year – must be enrolled in approved three (3) credits per year						i
Rei	mbursement is for credits/Act 48 only (exclusive of all	fees, materials, etc.)	with	the f	ollov	ving provisi	ions:
Pas Inc	* 100% reimbursement B = 100% reimbursement s/Fail courses will be at 100% reimbursement for a Gromplete/Withdrawal = No Reimbursement 48 – Verification of hours/credits completed					or Fail	
approve	ive reimbursement, (a) the course(s)/Act 48 must be d provider; (b) the course(s)/Act 48 must be approved aining unit member must submit documented proof of ped.	by the Superintende	nt of	Scho	ols p	orior to enro	ollment; and, (c)
	igible for reimbursement for course(s)/Act 48 which e received no later than July 31 st of that year.	nd prior to June 30 th	of an	y giv	en ye	ear, reimbui	rsement requests
Employ	ee must attach a copy of the following items to this rec	quest form, all of which	ch w	ill be	retai	ned in the d	listrict office:
1.	Approval Request Form to Enroll in Eligible Creenrollment).	dit Courses (as app	rove	d by	supe	rintendent	prior to course
2.	Receipted invoice from the credit-granting/Act 48 ins	titution showing the	cost/	credit	and	not just the	total cost(s).
3.	Transcript or grade report from course or certificate of	r letter for Act 48 ver	rifica	tion.			
TO:	Accounts Payable						•
FROM:	Business Administrator						
RE:	Amount approved for reimbursement §	as approve	d by:				
		School Business Adı	minis	strator	•	Date	

^{*} Total amount approved may not exceed contractual limit in any fiscal year (July 1 through June 30). Courses will be paid and counted in the fiscal year completed.