

BLUE MOUNTAIN SCHOOL DISTRICT
ORWIGSBURG, PENNSYLVANIA

**ACT 93 NON-UNIVERSITY
CONTINUING EDUCATION UNITS/HOURS
REIMBURSEMENT REQUEST FORM**

School year in which course(s)/workshop(s) was taken: _____

Employee _____ Building Assignment _____

Cost of Continuing Education Units/Hours (Tuition/Workshop fee only) _____

Date Course(s)/ Workshop Completed _____ Date Submitted* _____

Number of Days Already Used in Current School Year: _____

To receive reimbursement, (a) the units/workshop(s) must be delivered by an accredited institution/agency; (b) the units/workshop(s) must be approved by the Superintendent of Schools prior to enrollment; and, (c) the Act 93 member must submit documented proof of payment and evidence that the units/workshop(s) was satisfactorily completed.

To be eligible for reimbursement for courses which end prior to June 30th of any given year, reimbursement requests must be received no later than **July 31st** of that year.

Employee must attach a **copy** of the following items to this request form, all of which will be retained in the district office:

1. Approval to Enroll Form in Non-University Continuing Education Units/Hours (as approved by superintendent prior to course/workshop enrollment).
2. Receipted invoice from the credit-granting/workshop/agency institution showing the total cost(s) with a breakdown of registration—no extra fees will be reimbursed.
3. Transcript/grade report/certificate/proof of completion of course.

TO: Accounts Payable

FROM: Business Administrator

RE: Amount approved for reimbursement \$ _____ as approved by:

Business Administrator

Date

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