

**KEYSTONE SCHOOL DISTRICT  
TUITION REIMBURSEMENT**

**REQUEST FOR PAYMENT**

I, \_\_\_\_\_, hereby request payment of tuition fees as provided in the Negotiated Agreement.

Description of Courses (List each Course separately).

Course Number	Course Description	Number of Credits

Tuition Costs/Per Credit   \$ \_\_\_\_\_  
 Number of Credits             \_\_\_\_\_

Total Tuition Costs         \$ \_\_\_\_\_

**Change in Degree Status:** Completion of the above Course(s) finishes all Course

Requirements for:           \_\_\_\_\_ Permanent Certification  
                                   \_\_\_\_\_ Master's Degree  
                                   \_\_\_\_\_ No Change in Degree Status

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Submit Completed Form to the Superintendent.**

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~OFFICE USE ONLY~

Total Tuition Costs                             \$ \_\_\_\_\_  
 Approved Cost for Reimbursement         \$ \_\_\_\_\_  
 Evidence of Successful Completion  
 (Grades \_\_\_\_\_ Transcript \_\_\_\_\_)  
 Evidence of Prior Approval  
 (Supt's. Prior Approval)                     \_\_\_\_\_  
 Evidence of Personal Payment  
 (Cancelled Check \_\_\_\_\_ Receipt \_\_\_\_\_)

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Amount to be Paid: \$ \_\_\_\_\_

- cc:
- Superintendent
  - Employee
  - Accounts Payable