

INSTRUCTIONAL EXPENSE -- COLLEGE REIMBURSEMENT

Dixon Public Schools
Dixon, Illinois

Teacher's Name _____

_____ Date

Course Name	No.	Beginning Dates & Ending Dates	University	Local* Corr. Ext.	Semester Hours

Current Status

Bachelor's _____

Current Status

Master's and Beyond _____

Local (Sauk Valley or extension taught within School District # 170)

_____ I have not and will not receive any other district funding or reimbursement due to these credits being associated with a workshop, seminar or conference

Correspondence
Extension (On college campus or one Institution using another's facilities, outside School District # 170)

Employee's Signature

Home Building _____

Home Address _____

City, State, Zip _____

Please attach an unofficial grade card or unofficial transcript and receipt of payment prior to sending completed form to the Superintendent. The receipt of payment must be a copy of a cancelled check, credit card statement, or statement from the college or university that shows course charges and payments made. To be considered for payment, classes must take place during the school district's fiscal year (July 1 through July 15 of the following year). All documentation needs to be turned in to Central Office by July 15th for payment. Requests after this date cannot be honored.

OFFICE USE BELOW LINE

DATE _____ AMOUNT OF REIMBURSEMENT \$ _____

Superintendent's Signature

Complete and send to the Superintendent. Once approved, a copy will be sent to you in courier.

___ Building ___ Employee ___ Bookkeeping ___ File
___ P. File