

For Office Use Only	
Request Rec'd Authorization	\$
Grade Rec'd	

**SAU #67 BOW SCHOOL DISTRICT
BOW EDUCATIONAL SUPPORT STAFF
Request for Course Approval and Pre-Payment/Reimbursement
2011 – 2012 SY**

NOTE: This form must be completed PRIOR to taking the course in order to receive pre-payment or reimbursement.

Name: _____ Date: _____ School: _____

Course(s) Starting Date _____ Anticipated Concluding date _____

Course Title	College, University or Sponsor or Program	Total Not to Exceed \$805
1.		

The maximum amount of pre-payment or reimbursement is **\$805** per person. Courses must be pre-approved by the administration.

Pre-Payment may be made if this form is received by the Business Administrator at least thirty (30) days prior to the payment due date. Failure to send the form in at least thirty (30) days prior to payment date will result in reimbursement directly to the employee only. Transcripts must be submitted to the Business Administrator upon completion of the course(s). Failure to receive a "C" or better in the course or failure to provide transcripts will result in reimbursement to the District for all of its pre-paid costs by the employee or the withholding of funds from pay due to the employee to satisfy the outstanding balance due to the District.

Applicant's Signature

Date



_____ Approved

_____ Denied

Reason: _____

Principal's Signature

Date



_____ Approved

_____ Denied

_____ Date

Comments: _____

Amount of Reimbursement \$ _____ Signed _____

Duane Ford, Business Administrator