

**YAMHILL CARLTON SCHOOL DISTRICT
Tuition Reimbursement Request**

Please refer to the YCTA Collective Bargaining Agreement for Tuition Reimbursement information.

TO BE COMPLETED BY EMPLOYEE

Employee's Name: _____ Job Title: _____
 FTE: _____ Location: _____

Name of Institution	*Course Number	*Course Title	Credits	Course Start & End date	Cost/Credit	Tuition Reimb Requested

Reason for Attending: _____

I certify that I have successfully completed the above pre-approved course(s) and have met the requirements of the YCTA collective bargaining agreement for Tuition Reimbursement.

Signature of Employee: _____ Date: _____

Reimbursement not complete without:

_____ **Proof of Payment (one of the following)**

- **Canceled check and Account Activity**
- **Credit Card Receipt and Account Activity**
- **Account Activity showing Payment on Class**

(the purpose of the proof of payment is to see the payment as well as the course that was paid, therefore just a credit card receipt will not do, we must show the account activity showing the charge)

_____ **Transcripts from Institution (must include)**

- **College**
- **Course Title**
- **Course Grade**
- **Course Credits**

DISTRICT OFFICE USE ONLY:

AP PROCESSING

Pre-Approved PO #: _____ Date Received: _____
 Amount Approved for Payment: \$ _____
 Approval to Pay: _____