

ANTIOCH SCHOOL DISTRICT 34
964 SPAFFORD STREET
ANTIOCH, IL 60002

COURSE REIMBURSEMENT REQUISITION

NAME _____ DATE _____

NAME OF UNIVERSITY (COLLEGE) _____

COURSE NO. _____ TITLE _____

NUMBER OF CREDIT HOURS (NOT QUARTER HOURS) _____

AMOUNT TO BE REIMBURSED (This does not include books, fees or other materials) \$ _____

ARE YOU ANTICIPATING A MID-YEAR LANE CHANGE? YES NO

ARE YOU ANTICIPATING A LANE CHANGE AT THE BEGINNING OF THE SCHOOL YEAR? YES NO

FOR OFFICE USE ONLY

Tenured _____

Non-Tenured _____

FIRST HALF AMOUNT TO BE REIMBURSED \$ _____ ACCT NO. _____

Date Payable: _____

SECOND HALF AMOUNT TO BE REIMBURSED \$ _____ ACCT NO. _____
(MAY BE SUBJECT TO BEING PRORATED)

Date Payable: _____

BEFORE SUBMITTING THIS FORM, DID YOU REMEMBER TO:

ATTACH YOUR GRADE SHEET OR TRANSCRIPT

ATTACH PROOF OF TUITION AND PAYMENT (NOT CANCELLED CHECKS)

ATTACH YOUR COPY OF THE REQUEST FORM FOR COURSE APPROVAL

Hours Recorded

**INCOMPLETE REQUISITIONS WILL BE RETURNED AND WILL DELAY
PROCESSING OF PAYMENT!!**

HR Approval to pay: _____ Date: _____