

INDEPENDENT SCHOOL DISTRICT NO. 1
Lewiston, Idaho

REIMBURSEMENT CLAIM

Name _____ hereby submits this claim for reimbursement for the following credits:

					District Use Only Date Paid
Date	Institution	Course #	Course Title	Sem. Credit	

Please attach receipt and grade report or transcript.

4780 Professional Development Reimbursement for Costs

The District will reimburse each Professional Employee for up to three (3) semester credits each calendar year in which the course was completed. The Professional Employee must present a receipt and proof of completion of the course for reimbursement. The reimbursement shall be for the tuition only. The maximum allowance shall be whatever is currently charged by the University of Idaho or the actual cost, whichever is the lesser.

In cases where the Professional Employee is enrolled in a summer program, only that proportional cost per credit, again not exceeding that charged by the University of Idaho, shall be allowed. In cases where the Professional Employee gains credit where the tuition and fees are paid by some other agency through scholarship or fellowship, including institutes, no reimbursement will be made.

Date _____ Signature _____