

Cape Girardeau Public Schools
Tuition Reimbursement Form

Name: _____ SSN: _____
(Please Print)

*****Tuition will be reimbursed only if the following information is attached.*****

Original college course pre-approval form
Receipt of tuition payment
Proof of passing grade

Course Dates _____ to _____ Term _____

Course Offered/Granted By _____

Amount of Tuition / Fees Requested \$ _____

Course Information

<i>Course Title</i>	<i>Semester Hours</i>	<i>Grade</i>

Employee Signature

Date

Administrative Use Only

___ Approved ___ Not Approved _____
Deputy Superintendent Date

Reason if Not Approved _____

Reimbursement Approval

Account Code: 111-2435-633; -900-000

Amount \$ _____

Accounts Payable Specialist

Date