

**HARDYSTON TOWNSHIP PUBLIC SCHOOLS**  
**REQUEST FOR GRADUATE COURSE REIMBURSEMENT**  
(Please complete one form for each reimbursement requested)

Teacher Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Grade/Department: \_\_\_\_\_

College Attended: \_\_\_\_\_

Course number and title of course: \_\_\_\_\_

**MUST ATTACH PROOF OF GRADE REPORT AND/OR TRANSCRIPT**

Amount of tuition per credit: \_\_\_\_\_ x number of credits \_\_\_\_\_ = \$ \_\_\_\_\_

Tuition payment will be reimbursed upon successful completion of the course with a B or better at an actual per credit cost not to exceed \$600.00 per credit, which will include required fees, so long as the maximum reimbursement does not exceed the per credit amount of \$600.00, with a maximum reimbursement per employee of twelve (12) credits per year. The Board's liability shall be capped at \$20,000.00 for each year during the life of this contract. Any funds not expended in any year shall revert to the Board.

**UPON COMPLETION OF GRADUATE COURSE, SUBMIT THE FOLLOWING  
TO THE CHIEF SCHOOL ADMINISTRATOR'S OFFICE:**

\_\_\_\_\_ COPY OF GRADUATE COURSE APPROVAL REQUEST

\_\_\_\_\_ PROOF OF PAYMENT (CANCELED CHECK, CREDIT CARD STATEMENT, ETC)

\_\_\_\_\_ COPY OF GRADES (OFFICIAL TRANSCRIPT IS NOT REQUIRED)

**VOUCHER:** CLAIMANT MUST SIGN THIS CERTIFICATION FOR PAYMENT.

I do solemnly declare and certify under the penalty of the law that the within bill is correct in all its particulars, that the articles have been furnished or services rendered as stated therein, that the contractor is an equal opportunity employer in full compliance with all provisions of Ch. 127 L. 1975 (R.S. 10:5-31 et seq.), that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

Signature of Claimant \_\_\_\_\_ Date: \_\_\_\_\_