



# Aleutians East Borough School District

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www.aebbsd.org

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## TUITION REIMBURSEMENT REQUEST

FY 20\_\_

DATE: \_\_\_\_\_

SITE: \_\_\_\_\_

NAME: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

CLASS/COURSE: \_\_\_\_\_

COST: \_\_\_\_\_

DATE OF REGISTRATION: \_\_\_\_\_

DATE OF COMPLETION: \_\_\_\_\_

PRIOR REIMBURSEMENT: \_\_\_\_\_

EMPLOYEE SIGNATURE:

\_\_\_\_\_

DATE \_\_\_\_\_

SUPERINTENDENT'S SIGNATURE:

\_\_\_\_\_

DATE \_\_\_\_\_

Reimbursement instructions-

1. Requisition
2. This form signed by superintendent
3. Proof of completion
4. Copy of class/course cost