

**WARREN COUNTY SCHOOLS APPLICATION  
PRAXIS Reimbursement**

Employee's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

School Employed: \_\_\_\_\_

PRAXIS # Taken: \_\_\_\_\_

\_\_\_\_\_

Date Taken: \_\_\_\_\_

Score(s) Earned: \_\_\_\_\_

Cost of Test(s): \_\_\_\_\_

\_\_\_\_\_

*Amount to be paid:* \_\_\_\_\_

Note: Please attach proper information for reimbursement. (Scores, itemized bill and receipt of payment)

Signature: \_\_\_\_\_

Chief Human Resources Officer

Date: \_\_\_\_\_

Account Code: \_\_\_\_\_

Date submitted to Finance Department: \_\_\_\_\_