



SANDWICH PUBLIC SCHOOLS

Sandwich, Massachusetts

REIMBURSEMENT FOR COMPLETED GRADUATE COURSE FORM

(to be approved AFTER course has been completed)

To: Superintendent of Schools

From: _____

School: _____

Date: _____

Course Name and Institution: _____

REQUIRED PAPERWORK FOR REIMBURSEMENT, please check off information provided:

MUST BE ATTACHED:

_____ Completed Reimbursement for Completed Graduate Course Form

_____ Copy of signed Course Request Approval Form

_____ Grade/Transcript (original transcript required for Lateral Move)

_____ Receipt from institution with course name, total fee for course and amount paid.

PLUS, AT LEAST ONE OF THE FOLLOWING:

_____ Credit/Debit card statement with name and last 4 digits of account number

_____ Copy of credit/debit card with only last 4 digits of account number visible

_____ Cancelled check (front and back) if not paid with credit/debit card

Please sign below & send with required paperwork to Superintendent's Office:

Signature: _____

Mailing Address: _____

Reviewed by Assistant Superintendent of Teaching & Learning: _____

Date: _____

Approved for Payment by Superintendent: _____

Date: _____

Revised 1/27/22