

Superintendent's Copy/White
LSB's Copy/Yellow
Personal Copy/Pink

FY _____

LSB Reimbursement Request

Name _____ Date: _____

Course Title: _____

Starting Date: _____ Ending: _____

Tuition Cost: \$ _____ Amount Granted: \$ _____

Approval Date: _____ Number of Credits _____

Teachers Signature

LSB Signature

Payment Date: _____

Payment made upon receipt of LSB approval, transcription and proof of payment for activity