

**DELAWARE VALLEY SCHOOL DISTRICT
PRE-APPROVAL AND APPLICATION FOR REIMBURSEMENT FOR CREDITS**

Name:	Building:	Date:
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Institution	Undergraduate, Graduate or *In-service	Number Of Credits	Course Title	Start Date mm/dd/yy	End Date mm/dd/yy

*In-service credits are any credits taken in which you will NOT receive an OFFICIAL TRANSCRIPT through an accredited university (i.e. courses taken through an Intermediate Unit, etc.).

Please refer to your current contract language for current reimbursement limits.

School years run July 1 – June 30

REIMBURSEMENT YEAR IS BASED ON THE START DATE OF COURSE

Applicant's Signature			Superintendent's Signature		
For Credit Reimbursement: (contingent upon balance of funds available)	Approves	Rejects	For Salary Purposes:	Approves	Rejects

COMPLETE THIS SECTION AFTER THE COURSE HAS BEEN COMPLETED FOR CREDIT REIMBURSEMENT:

- Identify the appropriate cost of tuition below. This cost should be clearly identified on your invoice and should not include any additional fees.

Actual cost of tuition (Should not include materials, textbooks, online fees etc.)	\$
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- Attach copy of invoice. **INVOICE MUST INCLUDE COURSE NAME AND INDIVIDUAL COST OF TUITION – account summaries, payment confirmation and grouped charges will not be accepted.**
- Attach copy of an official grade report or transcript.
- Are you eligible to receive reimbursement or scholarship in any amount through another plan or benefit for the educational expenses incurred? Yes _____ No _____ If yes, please describe the amount reimbursable to you and the plan/benefit's tax treatment of the reimbursement made to you (i.e. taxed as income or provided tax-free): _____

Applicant Signature	Principal Signature
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"DISTRICT OFFICE USE ONLY"

Vendor No.	Account Code:
Date	Business Administrator Signature