

**Reimbursement
Request Form**

Teacher: _____

S.S. #: _____

Mailing Address: _____

Reimbursement Amount Requested: _____

Reason for Reimbursement Request:
(check one)

- Completion of licensure deficiencies as noted on Provisional License or Special Education Conditional License**

- Professional development for Special Education Teachers to become “highly qualified”**

(Attach Documentation Including Receipts Supporting Reimbursement Request)

Teacher Signature

Principal Signature

Date