<u>Course Approval/Tuition Reimbursement Forms-Submittal Process Instructions</u>

Please include all completed forms in one packet.

NOTE: Before proceeding, all forms must be approved by the Superintendent!

Upon approval, forms will be scanned and copied to you and your personnel file.

- ✓ CSEA Application Approval of Courses and Tuition Reimbursement Form
 - Include back-up information on course
 - You are responsible for registering yourself
- ✓ <u>Purchase Requisition Form</u>- for Course Fee Reimbursement
 - Submit completed requisition along with application (with yourself as vendor)

After Completion of Course(s):

✓ Reimbursement Form

- All reimbursement forms must include evidence of passing the course with a B or better for graduate course.
- Receipt showing the amount of tuition paid (cancelled check, bursar's receipt or credit card bill). Registration fees and lab fees are considered part of the tuition for refund purposes.

Bridgehampton Union Free School District

P.O. Box 3021, 2685 Montauk Highway, Bridgehampton, NY 11932 31) 537-0271 <u>www.bridgehampton.k12.ny.us</u> Facsimile: (631) 537-9038 Telephone: (631) 537-0271

CSEA - APPLICATION

APPROVAL OF COURSES AND TUITION REFUND

APPENDIX A

DATE OF APPLICATION:							
NAME OF EMPLOYEE:							
NAME OF COLLEGE OFFERING COURSE:							
NAME OF COURSE(S):							
NUMBER OF COURSE(S):							
COURSE DATE(S):							
SEMESTER OFFERED:	DEPARTMENT:						
CREDITS:							
TOTAL (actual) TUITION AND FEES:							
Tuition Eligible for 100% reimbursement:YesNo Approved:YesNo							
SUPERINTENDENT'S SIGNATURE:	DATE:						
After completion of approved course, the employee n							
After completion of approved course, the employee m form: 1. Evidence of passing the course with a B or beginning the course with a	nust submit the following with a reimbursement						
After completion of approved course, the employee n form:	tter for graduate courses/or evidence of dit bearing pre-approved course. cancelled check, bursar's receipt or credit card bill).						
After completion of approved course, the employee m form: 1. Evidence of passing the course with a B or be attendance for 15 hours per credit for non-cred. 2. Receipt showing the amount of tuition paid (a Registration fees and lab fees are considered particles). FOR OFFICE USE ONLY	tter for graduate courses/or evidence of dit bearing pre-approved course. cancelled check, bursar's receipt or credit card bill).						
After completion of approved course, the employee m form: 1. Evidence of passing the course with a B or be attendance for 15 hours per credit for non-cred 2. Receipt showing the amount of tuition paid (a Registration fees and lab fees are considered particles). FOR OFFICE USE ONLY	tter for graduate courses/or evidence of dit bearing pre-approved course. cancelled check, bursar's receipt or credit card bill).						
After completion of approved course, the employee m form: 1. Evidence of passing the course with a B or be attendance for 15 hours per credit for non-cree 2. Receipt showing the amount of tuition paid (a Registration fees and lab fees are considered particles) FOR OFFICE USE ONLY Superintendent Secretary/District Clerk: Initial	tter for graduate courses/or evidence of dit bearing pre-approved course. Tancelled check, bursar's receipt or credit card bill). That of the tuition for refund purposes.						

BRIDGEHAMPTON U.F.S.D. PURCHASE REQUISITION

REC	TOISITION SORM	IIIED BY:	Date:	
COMPANY	NAME:			
TELEPHONE	_	FAX #:		
		Quotes* for Purchases \$500.00 and up otes Requirement: if item is purchased from state, county or BO	CFS contract-	
	Bid Award Memo v	vith Contract Number and pricing sheet must be attached		
	Include Shipping	50 require Superintendent's approval in addition to Principal's apland Handling on all requisitions		
QTY	CATALOG #	DESCRIPTION	PRICE EA.	TOTAL
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
		Subtotal:		-
		SHIPPING & HANDLING %:	15.00	-
		TOTAL FOR THIS REQ.		-
Principal's App	oroval:			
Superintender	nt's Approval (REQ U	IIRED if over \$750):		
		For Business Office Use Only:		
Code:		Bus. Admin:		
1				D 1 110/0010

Bridgehampton Union Free School District REIMBURSEMENT

Name:			Dat	e:
	onference Expense		Tuition Reimbursement	
*S	tate Name & Location		*Complete course Approval Form first	
	ileage Reimbursement* ttach Mapquest		Supplies Reimbursement	
Ар	REQUIRED ITEMS: rm must be signed by individual security of conference Request form not pay of Flyer or Registration form with	nust be attach		
			aveling, hotel (must have name of restauran	t & date),
*S		arking are <u>no</u>	t reimbursable. Meal reimbursements must	
			,	AMOUNT
ITEM				DUE
	Signature:			
	Approved By:			