

## REQUEST FOR REIMBURSEMENT DUAL ENROLLMENT COURSES 2009-2010

Date of Request: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Student Name: \_\_\_\_\_

Course Name	Actual Tuition Paid	Allowable Total Reimbursement (Office Use Only)

Please provide the following:

- Transcript (official)
- Copies of paid receipt for tuition

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----*For Office Use Only*-----

Principal Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Curriculum Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Business Office Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check #: \_\_\_\_\_