



General McLane School District
Reimbursement for Graduate Credits

In accordance with terms of the Teacher agreement:

requests reimbursement for _____ graduate/in-service credits at

\$ _____ each, or a total of \$ _____. I have attached copies of my transcript(s).

SIGNATURE: _____

DATE: _____

NAME OF COURSE(S) COMPLETED: _____

SCHOOL BUILDING: _____

DO NOT WRITE BELOW THIS LINE

Approved:

_____ Director of Communications/Administrative Services

_____ Superintendent of Schools

For Accounts Payable:

_____ Date Paid

_____ EES: 10-2271-240-000-10-20

_____ Amount Paid

_____ MES: 10-2271-240-000-10-25

_____ JWPMS: 10-2271-240-000-20-50

_____ GMHS: 10-2271-240-000-30-80