



GENERAL MCLANE
SCHOOL DISTRICT

General McLane School District
Reimbursement for Graduate Credits

In accordance with terms of the Teacher agreement:

_____ (name)

requests reimbursement for ____ graduate/in-service credits at
\$_____ each, or a total of \$_____. I have attached copies of my
transcript(s).

Reminder: GMSD only reimburses up to the cost per credit at Edinboro University of Pennsylvania, as per the GMEA Agreement. (up to \$516 per credit for the 22-23 School Year)

SIGNATURE: _____

DATE: _____

NAME OF COURSE(S) COMPLETED: _____

NAME OF LEARNING INSTITUTION: _____

SCHOOL BUILDING: _____



DO NOT WRITE BELOW THIS LINE

Approved:

_____ Director of Communications/Administrative Services _____ Date

_____ Superintendent of Schools _____ Date

For Accounts Payable:

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

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

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

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