

**Ventnor Educational Community Complex
Office of the Superintendent**

Course Reimbursement Request

Date

_____ hereby gives evidence* of having
successfully completed the course(s) taken below on the dates indicated and
requests reimbursement per terms of the current agreement.

<u>Course</u>	<u>Date Taken</u>	<u>Credits</u>

Total credits _____ **Amount requested \$** _____

(Staff Member)** _____
(Date)

(Superintendent) _____
(Date)

***Attach copies of official transcript indicating successful completion of the course(s) and receipt(s) for fee(s) being claimed.**

****Signature attests that the requestor will not be receiving funds as reimbursement for these same courses from any other source (i.e., scholarships, grant, veterans' administration, etc.).**

Submit in duplicate; one copy will be returned indicating approval or disapproval).

VCEA members must also submit the Course Reimbursement Repayment Agreement form.