## **Pottsville School District**

## Teacher Renewal Fee Reimbursement

Name of Payee:		
School Title:		
Address:		
Renewal Fee for Teaching License	е	<u>\$97.00</u>
		A printout of your confirmation r credit card is sufficient.
Signature of Teacher	Date	_
		_
Signature of Principal	Date	
Signature of Superintendent	 Date	_