

CREDIT REIMBURSEMENT

VERIFICATION OF COURSE COMPLETION

Name \_\_\_\_\_ DATE \_\_\_\_\_

Course Number	Title	College or University	Number Of Credits	Graduate Or Undergrad	Approval Date	Completion Date

- 1. Attach official transcript
- 2. Attach proof of payment (receipt or cancelled check) to college or university

*Note.* Payment for credits will be made within one month following receipt of this form (by the Administrative Assistant to the Executive Director of the Intermediate Unit) and the required official transcript and proof of payment.

**APPROVED FOR PAYMENT**

Date \_\_\_\_\_

Number of Credits \_\_\_\_\_

Total Maximum Reimbursement \_\_\_\_\_

Signature \_\_\_\_\_

*Executive Director*

FOR OFFICE USE
<b>Vendor Number:</b>
<b>Item:</b> Credits Reimbursement
<b>Account Number:</b>
<b>Amount:</b>