

WPS WEBSTER PUBLIC SCHOOLS

41 East Main Street
P.O. Box 430
Webster, MA 01570

Ph: 508-943-0104
Fax: 508-943-0315
www.webster-schools.org

Course Reimbursement Form

Staff Information: Name _____

School _____

- Professional Status
- Non-Professional Status
- Instructional Assistant/Teaching Associate
- Other _____

Course Information:

Course Title _____

College/University _____

Start / End Dates of Course _____ / _____

Cost of Course \$ _____

Number of courses taken from July 1st of the current school year to present _____

Employee Signature _____

Date _____

Once you have completed the course, please submit the Course Reimbursement Payment Request Form along with all the necessary documentation.

Approved

Denied

Signature Superintendent of Schools

Personnel Office Use

Contract Limit _____ Amount Reimbursable _____ Sent for payment _____

Year-to-Date _____ Purchase Order # _____

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Course Reimbursement Payment Request

Information:

Name _____

School _____

Course Name _____

Course Cost \$ _____

College/University _____

I have submitted a course reimbursement form that was approved by the Superintendent.

I have submitted a W-9 form that is on file in the Business Office.

I am submitting the course grade.

I am submitting proof of payment for the course.

All course reimbursements must be pre-approved by the Superintendent of Schools.

Payments will be issued by the warrant process once all the above information has been received.

Please attach all necessary documentation to this form for payment.

If you have any questions, please contact the Superintendent's Office at 508-943-0104 ext. 11.