

Buckeye Local School District Reimbursement of Licensure

Name: _____

Address: _____

Present Assignment

Building: _____ Position: _____

REIMBURSEMENT OF ONE LICENSE OR RENEWAL \$ _____ (Not to exceed \$200.00)

Payment will be made in accordance with Article XVI, Section 16.02 of the Negotiated Agreement. Requests for payment must include verification of payment amount (canceled check, credit card statement, or invoice)

DO NOT WRITE BELOW THIS LINE

Amount approved for payment: \$ _____

Superintendent of Schools

Date

Approved

Disapproved