

HILLSBORO COMMUNITY UNIT SCHOOL DISTRICT #3
HILLSBORO, ILLINOIS 62049

REQUEST FOR TUITION REIMBURSEMENT

Teacher _____ \$275 X _____ credit hours = \$ _____
Amnt. paid

Building _____ Grade/Subject Area _____

Course # _____ Title _____

University/College _____ Address _____

City _____ State _____ Zip _____

Teacher Signature _____ Date _____

Administrator Approval _____ Date _____

_____ Account # 10-2213-2300-00-30 (Title I Beck/Coffeen)

_____ Account # 10-2213-2300-00-87 (Title IIA HJHS/HHS)

*****Please fill out and return to the Unit Office with a copy of transcript and bill*****