

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)
- \_\_\_\_\_ Other, IDEA, Title 1003a

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