



LICKING HEIGHTS LOCAL SCHOOL DISTRICT COLLEGE COURSE REIMBURSEMENT REQUEST

DATE:		
NAME PRINTED):		
COLLEGE PROGRAM:		
SPECIFIC COURSE TAKEN:		
HOURS OF CREDIT:	SEMESTER	QUARTER
COMPLETION DATE:		
STATEMENT OF RELATIONSHIP TO IDPD:		
	SIGNATURE	
Per Article XXX, H., "The Treasurer shall m after the end of the school year (July 1 – J	• •	e second pay in July immediately
FOR OFFICE USE ONLY		
DATE RECEIVED:		
AMOUNT DUE:		
PAYMENT OF RECEIPT RECEIVED:		
COMPLETION PROOF RECEIVED:		