



City of Orange Board of Education
 Office of Human Resources/Operations
 451 Lincoln Avenue
 Orange, NJ 07050

DATE: _____

TUITION REIMBURSEMENT REQUEST FORM

TO: _____
(NAME)

_____ ADDRESS _____ CITY _____ STATE _____ ZIP _____
 COLLEGE/
 UNIVERSITY: _____

SEMESTER/YEAR	COURSE #	COURSE TITLE	GRADE	CREDITS	REIMBURSEMENT AMOUNT

TOTAL DUE: _____

“I declare that the goods or services itemized in this bill have been delivered or rendered; that no bonus, scholarship or grants have been given or received by any person or persons with the knowledge of the deponent; and that the above bill is true and correct”

Signature: _____
Applicant signature

ENCLOSURES

- OFFICIAL Itemized bill
- Proof of Grades (B or better)
- Proof of payment
- Course approval forms (signed in approval)

OFFICIAL BOARD OFFICE USE ONLY (please do not write below this area)						
Contractual Rate: <input type="checkbox"/> \$60 Per Credit <input type="checkbox"/> \$45 per credit <input type="checkbox"/> 1/2 per credit <input type="checkbox"/> 1/3 per credit <input type="checkbox"/> Full or Rutgers Rate <input type="checkbox"/> Other _____ <small style="display: flex; justify-content: space-between; font-size: 0.8em;"> Please select one Secretaries Paraprofessionals Teachers matriculated before September 2006 Teachers Administrators </small>						
School Year:		Total Credits:		Total Per Credit:		SY Grand Total:
School Year:		Total Credits:		Total Per Credit:		SY Grand Total:
School Year:		Total Credits:		Total Per Credit:		SY Grand Total:

Approved by: _____ Date: _____
Administrative Assistant to the Superintendent
 For Operations/Human Resources