



WELLS-OGUNQUIT COMMUNITY SCHOOL DISTRICT
1460 Post Road, Wells ME 04090

UPDATED 1/08/16

COURSE REIMBURSEMENT FORM

Date

Employee Name *(Please print)*

Building

Reimbursement is requested for the following course(s):

College/University Name	Course No.	Course Name	Credit Hours Earned	Requested Reimbursement
				\$
				\$
				\$
				\$

PLEASE NOTE:

This form must be accompanied by an **official** transcript.

*Please send completed form and transcript via interoffice mail to
Lil Lagasse at Central Office*