

COMPLETE WITH PART 2

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**ACCOUNTABLE PLAN REQUEST FOR REIMBURSEMENT FORM
ROCKAWAY TOWNSHIP BOARD OF EDUCATION**

Participant's Name: _____

Address: _____

Social Security #: _____

Amount and Type of Expense (e.g., tuition, books, etc. – **attach copies** of bills, evidence of payment) _____

Business Reason for Expense (e.g., maintain or improve skills) _____

Name of Institution / Course Name _____

Other Relevant Information _____

The undersigned Participant acknowledges, understands, and agrees that any amounts paid to the Participant in excess of the expenses which are substantiated above shall be returned to the employer.

Participant's Signature

Date

On behalf of the Employer, the total amount to be reimbursed for this Participant shall be \$_____.

Name: Title

Date