

**ROSS COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
EDUCATIONAL REIMBURSEMENT APPLICATION/INVOICE**

Name _____

Name of College/University _____

Course Title and Number _____

Brief Description of Course _____

Term for which you are requesting funds:

TERM	HOURS	COURSE COST	BOOK COST	TOTAL COST

Have you received funds from the Staff Development Fund this calendar year? _____ Yes _____ No

If I receive reimbursement from the Ross County Board of Developmental Disabilities, I hereby promise to continue to work at least one full year in my present position or within the current agency now employed. If, for whatever reason, I should leave employment before one year, I hereby promise to pay back all funds given to me by the Ross County Board of DD for college course work approved on this application. I also understand if I do not receive a passing grade of A, B, or C, I will not be eligible for reimbursement.

Signature Date

_____ Approved For \$ _____

_____ Disapproved _____
Superintendent Date

UPON COMPLETION OF COURSE RETURN THIS FORM WITH A COPY OF A PAID TUITION VOUCHER OR CANCELLED CHECK AND GRADE REPORT TO THE BUSINESS OFFICE.

BUSINESS OFFICE USE ONLY

TOTAL REIMBURSEMENT _____ VOUCHER DATE _____