



California Classified School Employee Teacher Credentialing Program

Reimbursement Request Form

Candidates will be provided with a predetermined funding amount per year for up to five years which will be available to support and fund Classified School Employee Teacher Credentialing Program participants. Funding may only be used to support participants in the completion of a degree and teacher preparation program as candidates move towards credentialed teacher status and provide instructional service as fully credentialed teachers.

First Name: _____ Last Name: _____

Year in program (*Check One*): Year 1: _____ Year 2: _____ Year 3: _____ Year 4: _____ Year 5: _____

Date reimbursement request form submitted: _____

Date on receipt	Description of reimbursement request	Total Amount
1.		
2.		
3.		
4.		
	Total	\$

For staff members only		
Is item eligible for reimbursement Yes/No	If reimbursement is denied, please indicate why.	Name of staff member verifying & signing off

I hereby certify that the expenditure(s) listed on this form is/are accurate and in accordance with requirements of this program. All reimbursement is made based on expenditures incurred for the sole purpose of making progress in the program and becoming a credentialed teacher.

Print Candidate Name: _____

Candidate Signature: _____ Date: _____

Staff Signature: _____ Date: _____