

SUBJECT AREA EXAM/ADD-ON REIMBURSEMENT REQUEST

2016-2017

Hamilton County School District
5683 US Highway 129 South, Suite 1
Jasper, FL 32052

NAME: _____ DATE: _____

HOME ADDRESS: _____

CITY/STATE: _____ ZIP: _____

SCHOOL: _____

Class Assignment Leading to the Need to take Subject Area Exam: _____

Subject Area Exam Taken: _____

Subject Area Exam Date: _____

Add-on Date: _____

AMOUNT OF SAE and/or ADD-ON REIMBURSEMENT \$ _____

Signature of Teacher Applying for Reimbursement

Fund Function Object Center Project Program

Signature of Budgeting Cost Center Granting Approval

Program End Date: June 30, 2017

Attach a copy of the SAE score report and a receipt showing fee payment and/or ADD-ON payment.

This reimbursement form and attachments must accompany the official "Subject Area Exam Reimbursement Application"

Reimbursements will be honored for passing scores and add-on fees only.