**Confirmation of Teacher Payment for RCSD CIT Tuition Reimbursement**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To Whom It May Concern:

As a condition of tuition reimbursement in the Rochester City School District, I must complete all registration processes and pay for approved courses in full. I am required to submit the original tuition invoice with proof of payment (in the form of an itemized paid bill showing a zero balance for the relevant semester) and a copy of the final grade report.
(Document requirements are based on Internal Revenue service guidelines and on generally accepted accounting principles. See *RCSD Business Services Procedures and Reference Manual, 2003-04 Ed. P 3.)*

In order for me to meet this requirement, please confirm the following information for me to submit to the Rochester City School District with the tuition invoice and proof of payment:

**Name of RCSD Teacher:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Semester and Year of approved course(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course Title(s) and Number(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tuition Charged for the course(s) above: \_\_\_\_\_\_\_\_\_\_\_\_**

**- Tuition Awards/Credits:** - **\_\_\_\_\_\_\_\_\_\_\_\_**

**- Other Scholarship Funding:** - **\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher Payment Received for the course(s) above:** - **\_\_\_\_\_\_\_\_\_\_\_\_**

**Net Balance for Semester, Year, course(s) above: \_\_\_\_\_\_\_\_\_\_\_\_** (should be zero after payment)

My signature below verifies that the above information is truthful and accurate. Thank you.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(Teacher Signature)

**To be completed by the college Bursar’s Office/Financial Office:**

By signing or stamping below, the college Bursar’s Office/Financial Office confirms that the information above is correct according to the institution’s financial records.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**RCSD teacher should submit this form to the CIT Office at the Rochester City School District to accompany proof of payment documents and the final grade report. Email** **CIT@rcsdk12.org** **or call the CIT Office, 262-8518, with questions.**