



**Finance Reimbursement Request Form for  
NBPTS Certification Fees**

Employee Name \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

School/Department \_\_\_\_\_

Total Amount of Reimbursement \$\_\_\_\_\_ (Maximum Amount of Request cannot exceed \$1975)

Reimbursement is for (check all that apply):

\_\_\_\_ Registration Fee \_\_\_\_ Component 1 Submission \_\_\_\_ Component 2 Submission

\_\_\_\_ Component 3 Submission \_\_\_\_ Component 4 Submission

\_\_\_\_ Maintenance/Renewal of Certification

Comments: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor/Principal Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Supervisor's signature indicates review of documentation and approval for submission for reimbursement)

**INSTRUCTIONS: Form must be filled out completely.**

1. All documentation (receipts, invoices, canceled checks, etc.) must be attached. The documentation must be included with this reimbursement request.
2. Completed form and receipts must be uploaded into the [NBPTS Reimbursement Request form.](#)
3. Maintain a copy of all documentation that is being submitted.

**FOR OFFICE OF FEDERAL AND SPECIAL PROGRAMS USE ONLY:**

\_\_\_\_ Request Approved \_\_\_\_ Request Denied Reason Denied: \_\_\_\_\_

Office of Federal and Special Programs Signature \_\_\_\_\_ Date \_\_\_\_\_

Budget Code \_\_\_\_\_

**FOR FINANCIAL SERVICES:**

\_\_\_\_ Request Approved \_\_\_\_ Employee Paid Initials of Finance Approver \_\_\_\_\_ Date \_\_\_\_\_