

Salem City Schools

Licensure Reimbursement

Name _____

Building _____

Date _____

Cost of Licensure _____

Please follow the directions below to ensure prompt and accurate reimbursement:

- 1. Submit your paperwork to the Treasurer's Office**
 - a. Completed this Form**
 - b. Copy of License**
 - c. Copy of the confirmation page from the ODE site**