

**Oxford School Department
Oxford, Massachusetts**

Tuition Reimbursement for Course Taken

Date: _____

Name: _____ School: _____

Title of Course: _____

College Where Course was Taken: _____

Date Completed: _____ Tuition Cost*: _____

*Please attach copy of cancelled check, both sides please, or other proof of payment, **AND**
copy of final course grade.

(Per O.E.A. contract, payment of up to \$600 will be paid every school year.)

Date of Last Tuition Reimbursement: _____ Employee ID #: _____

Comments: _____

Signature

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