

# SWAMPSCOTT PUBLIC SCHOOLS



## LICENSE RENEWAL REIMBURSEMENT FORM

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
School: \_\_\_\_\_  
Position: \_\_\_\_\_  
License #: \_\_\_\_\_

Copy of proof of payment attached

Copy of Payment History from DESE attached

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Office Use Only:

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

Authorized Signature: \_\_\_\_\_

Authorized Amount: \_\_\_\_\_ (Reimbursement not to exceed \$100.00)

Account No. 01235704-52173

*Please submit completed form to Joanne van der Burg in the Superintendent's Office*

Updated: 08/30/2017