

ADVANCED PLACEMENT TESTING REIMBURSEMENT VOUCHER

Student's Name: _____ Grade: _____ School Yr: _____
 (One student per reimbursement voucher)

NOTE: Only test scores of 3, 4, or 5 will be reimbursed at 50% of the cost.

| AP TEST/S TAKEN | SCORE | COST | 50% REIMBURSEMENT |
|-----------------|-------|-------|----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Requests must be submitted on or before **August 31, 2010** to receive reimbursement.
 A copy of your tests scores must be attached to this voucher to receive reimbursement.

Parent/Guardian Name: _____
(please print)

Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Parent/Guardian Signature: _____ Date: _____

PR District Official Signature: _____ Date: _____

Mail to PR Central Administration Office, 702 Warrendale Road, Gibsonia, PA 15044.
 Please mark "AP Reimbursement Voucher" on the outside of the envelope.

| | | | | | |
|-----------------------------|----------------|---------------|---------------|----------------------------|--|
| <i>For office use only:</i> | | | | | |
| Approved: _____ | Denied: _____ | Date: _____ | Amount: _____ | To Accounts Payable: _____ | |
| Paid: _____ | Check #: _____ | Mailed: _____ | Filed: _____ | | |