

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, 2007** 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: _____