

# ADVANCED PLACEMENT TESTING REIMBURSEMENT VOUCHER

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(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 **September 30 of every year** to receive reimbursement.. A **copy of the test(s) score(s) 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: \_\_\_\_\_

Mail to Pine Richland Central Administration Office, c/o Rachel McCarthy, 702 Warrendale Road, Gibsonia, PA 15044. Please mark "AP Reimbursement Voucher" on the outside of the envelope.

For Office Use Only:			
Approved: _____	Denied: _____	Amount Reimbursable: \$ _____	District Initials: _____