La Center School District No. 101
725 NE Highland Rd; PO Box 1840
La Center, WA 98629
Phone: 360.263.2131 / Fax 360.263.1140

Tuition Payment Form

Employee Name: _____ Amount: _____

Course Title: _____ Course #:_____

Date Submitted: _____ AP Payment Date: _____

Payment Form (Employee to select one of the following):

___ Reimbursement (Signed proof of payment and completion attached)

___ District Prepaid (*See conditions below)

_____ _____
Employee's Signature Date

_____ _____
Supervisor's Signature Date

_____ _____
Superintendent's Signature Date

**If prepayment option is selected, employee agrees to provide proof of course completion and vendor's receipt of payment to district office within four months of payment date. Failure to do so could result in a payroll deduction not to exceed the amount of this request. In the case of non-returning employees, this payroll deduction (if necessary) will take place with the August payroll regardless of the payment date.*

Account code: 0100-31-7660