

**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: \_\_\_\_\_

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

\_\_\_ Reimbursement (Signed proof of payment and completion attached)

\_\_\_ District Prepaid (\*See conditions below)

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\_\_\_\_\_  
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: 0100-31-7330-\_\_\_\_\_-\_\_\_\_\_-0000-0  
                                  LLLL      xxxx

("L" = location; "xxxx" = staff number)