## **AUBURN SCHOOL DISTRICT NO. 408**

915 4th NE, Auburn WA 98002 253-931-4935 Accounts Payable

## PARAEDUCATOR REIMBURSEMENT WARRANT

Fund: FCS Reimbursement	School/Dept.:			
Date:	Account Code:	5823 31 733	1 (Building Code	e)
Claimant Name and Address	Amount	Explanation (i.e. conference, classes, credits)		
TOTAL:  ALLOWABLE PAYMENT REQUESTS:  College credit classes, continuing education units, clock hours, and/or registration fees for the completion of Paraeducator Certificate program hours/coursework.		CERTIFICATION:  I hereby certify under penalty of perjury that this is a true and correct claim as described and that the claim is just, due and an unpaid obligation of Auburn School District No. 408.		
raracadator certificate program floars/col	arsework.	CLAIMANT	(Sign below)	Date
cancelled check, credit card receipt, etc.) - Proof of completion (certificate of completion, clock hour form, statement of attendance from provider, etc.)		Director of H	R	Date
		Assistant Sup	erintendent	Date