



Paraprofessional Teacher Training Program Reconciliation Worksheet Reimbursements



NAME _____ DATE _____
ADDRESS _____
SOCIAL SECURITY # _____

OUTSIDE BOOKSTORE *(Also include a copy of syllabus page stating requirements.)*

	<u>Course Name</u>	<u>Book Title</u>	<u>Price</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

TOTAL

TESTING FEES

	<u>Test Name</u>	<u>Fee</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

TOTAL

REGISTRATION and MISCELLANEOUS FEES

(Also include a copy of syllabus page stating requirements, if necessary.)

	<u>Course Name/Items</u>	<u>Store/Location</u>	<u>Fee</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

TOTAL

GRAND TOTAL



**Send through District Mail to: Marilyn Boyce at OCDE or
Fax: (714) 966-8437**

(Use a plain piece of paper if additional space is needed.)