IBERIA PARISH SCHOOL BOARD

PRAXIS EXAM REIMBURSEMENT FORM

Fill out the form completely, attach required documents, and submit to the Director of Personnel.

Name: _____ _____ _____
Last First Middle

Employee #: _____ Phone #: _____

Email: _____

Address: _____

Current Teaching Position: _____ _____
School Grade/Course

PRAXIS EXAM

Subject: _____

Test # : _____

Date Taken: _____ Cost: $ _____

Attach the following to this form:

1. Paid receipt (This can be a web receipt or credit card statement.)
2. Copy of test scores

_____ _____
Teacher Signature Date

OFFICE USE ONLY

Account # _____ Amount Reimbursed: $ _____

_____ _____
Director of Personnel Date

_____ _____
Supervisor/Director Accountant

_____
Assistant Superintendent/ Designee