



REQUEST FOR REIMBURSEMENT  
Reimbursement for Hearing Aids

To: Chief Business and Financial Officer

Date: \_\_\_\_\_

From: \_\_\_\_\_  
Print Name

\_\_\_\_\_ School/Site

\_\_\_\_\_ Job Title

\_\_\_\_\_ Bargaining Unit

The District will reimburse insured employees who purchased hearing aids up to the maximum amount of \$1,000 per person, every three years.

Date of Purchase: \_\_\_\_\_

Description of Hearing Aid:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Costs of hearing aid and tests: \$ \_\_\_\_\_  
(Attach copy of paid receipt)

I certify that the statements above are true.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Address

Request:

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_  
Chief Business and Financial Officer Date

Amount: \$ \_\_\_\_\_

Charge to Account No. \_\_\_\_\_