

**WARREN COUNTY SCHOOLS APPLICATION
PRAXIS Reimbursement**

Employee's Name: _____

Social Security Number: _____

School Employed: _____

PRAXIS # Taken: _____

Date Taken: _____

Score(s) Earned: _____

Cost of Test(s): _____

Amount to be paid: _____

Note: Please attach proper information for reimbursement. (Scores, itemized bill and receipt of payment)

Signature: _____

Director for Human Resources

Date: _____

Account Code: _____

Date submitted to Finance Department: _____