

**SOUTHERN COLUMBIA AREA SCHOOL DISTRICT
Expense Reimbursement Form for Clearances (AFSCME)**

Employee's Name: _____

Today's Date: _____

MISCELLANEOUS EXPENSE: (Receipts Must Be Attached)

Act 34 - State Police Criminal History _____ \$ _____

Act 114 - FBI Fingerprint _____ \$ _____

Act 151 - Child Abuse _____ \$ _____

Total Cost of Clearances: \$ _____

Employee's Signature

Date

FOR OFFICE USE ONLY

Signature below indicates Acts 34, 114 and 151 clearances have been received by the District Office:

Secretary to the Superintendent

Date

Amount Reimbursable: \$ _____

Superintendent's Signature

Date

Account Code (REQUIRED)