

MATAWAN ABERDEEN REGIONAL SCHOOL DISTRICT
One Crest Way, Aberdeen, NJ 07747
Phone: (732)705-4015 Fax: (732)705-4093



OPTICAL REIMBURSEMENT FORM

DATE FORM SUBMITTED: _____ DATE OF SERVICE: _____

NAME OF EMPLOYEE: _____

HOME ADDRESS: _____

Current home address is needed to ensure correct delivery of reimbursement check.

REIMBURSEMENT IS FOR: SELF DEPENDENT

DEPENDENT NAME: _____
RELATIONSHIP: _____

BARGAINING UNIT

<input type="checkbox"/> MAREA - TEACHER: Eligible Amount \$200	<input type="checkbox"/> MAREA - BUS DRIVER Eligible Amount \$200
<input type="checkbox"/> MAREA - CLERICAL & IA Eligible Amount \$300	<input type="checkbox"/> MRAA - ADMINISTRATOR Eligible Amount \$225
<input type="checkbox"/> MAREA - MAINTENANCE & TECHNOLOGY Eligible Amount \$200	<input type="checkbox"/> NON BARGAINING ADMIN Eligible Amount \$225
	<input type="checkbox"/> NON BARGAINING SUPPORT Eligible Amount \$300

REIMBURSEMENT POOL STATUS

ELIGIBLE AMOUNT: \$ _____

LESS THIS REQUEST: \$ _____

REMAINING BALANCE: \$ _____

EMPLOYEE SIGNATURE _____

SCHOOL / DEPARTMENT _____

DO NOT WRITE BELOW THIS LINE

APPROVED BY _____ DATE _____

Include itemized receipts (purchase date, method of payment, name of patient/purchaser, products/services received).