



Sublette

**BOCES**

665 N. Tyler / P.O. Box 977 Pinedale, WY 82941  
(P) 307-367-6873 (F) 307-367-6634  
www.subletteboces.com

## ACT Reimbursement Request from Sublette BOCES

Name of Student: \_\_\_\_\_ Date of ACT: \_\_\_\_\_

Attending School: \_\_\_\_\_

Reimbursement Payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Cost of ACT Test: \_\_\_\_\_

**(Select one)**

**(One reimbursement per school year)**

\_\_\_\_\_ ACT or

\_\_\_\_\_ ACT + Writing

**Parent Signature (required):** \_\_\_\_\_

**Reimbursement requests must be completed and returned to BOCES  
along with proof of testing payment.**

**Reimbursements will be approved at the following board meeting after submission.  
Board Meetings are held the 1st Thursday of each month.**

Office Use Only

Date Received:

Amount to be reimbursed: