

PRAXIS Reimbursement Teacher's Checklist

REQUIRED DOCUMENTS

Name: _____ School: _____

#	Item	Reason
Employment information/verification		
1	Form 5 State of Hawaii Department of Education Notification of Personnel Action (copy).	Contains information needed to establish your name as a Vendor in the Financial Management System and verifies you are employed with HIDOE
Test documents		
2	PRAXIS Order Details	Shows your name, dates, testing code number, and costs of test
3	PRAXIS Examinee Score Report This might be multiple pages; all pages are required.	Shows that you passed the test code(s) for which you are requesting reimbursement
4	Teacher's HQ plan (printed from PDE3)	Shows the Core areas required
Payment verification		
5	Proof of payment (cancelled check, credit or debit card statement) with your name printed on it, name of the Payee, amount paid, and date paid.	Shows that you paid for the test
5a	IF SOMEONE ELSE PAID FOR YOU: Letter from you stating that another person's name is on the cancelled check, credit or debit card statement because they paid for the cost on your behalf (state their name).	Verification that the proof of payment applies to your reimbursement request
Request forms		
6	Request for Reimbursement for PRAXIS Exam, available for download at Teacher Quality, in the Quick Links/Forms section.	Verifies you have not already been reimbursed, and lists the exams for which you are requesting reimbursement
7	Form FMS-PY1 Direct Payment/Invoice Form, completed as shown on the sample, with Principal's original signature. Instructions for downloading and completing the form (a fillable Adobe document) are attached.	Request authorization of payment by the Complex Area Superintendent, and provide accounting codes for funds to be used for reimbursement
8	Copy of this checklist, available for download at Teacher Quality, in the Quick Links/Forms section.	Shows you have checked that all documents were provided