

COMMONWEALTH OF VIRGINIA

Department of Education
 P.O. Box 2120
 Richmond, VA 23218-2120

REIMBURSEMENT REQUEST FOR SUBSTITUTE TEACHER

_____ (School Division) requests reimbursement for the substitute expenditures for teacher(s) involved in:

2014 World Language Technical Assistance Documents Development Committees
 (Name of Project)

School Division Mailing Address: _____
P.O. Box or Street Address

School Division Mailing Address: _____ VA _____
City/State/Zip

Cost Code: 522

Project Code: 86739

NAME OF TEACHER	DATE(S)	AMOUNT OF SUBSTITUTE TEACHER PAY*
		\$
		\$

*Department of Education will reimburse up to a maximum of \$100 per teacher per day for three days base rate only. Do not include taxes in reimbursement request amount.

School Division Fed. I.D. # _____ Total Amount: \$ _____

Date: _____

 Superintendent's Signature or Designee

FOR STATE DEPARTMENT APPROVAL

PROGRAM APPROVAL	
Date: _____	Total Reimbursement: \$ _____
_____ Program Specialist	
ACCOUNTING & FINANCE OFFICE	
Date: _____	Total Reimbursement: \$ _____
_____ Finance Director	

Return this form by November 10, 2014 to:

Dr. Lisa A. Harris
 Specialist for Foreign Languages
 Virginia Department of Education
 P.O. Box 2120
 Richmond, VA 23218-2120