

Print on Blue Paper

Return To: Ashley Brown, Office of Career and Technical Education

**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:

\_\_\_\_\_

School Division Address: \_\_\_\_\_

\_\_\_\_\_

Cost Code: \_\_\_\_\_

Project Code: \_\_\_\_\_

NAME OF TEACHER	DATE	AMOUNT OF SUBSTITUTE TEACHER PAY

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

Date \_\_\_\_\_

\_\_\_\_\_  
Superintendent's Signature or Designee

**FOR STATE DEPARTMENT APPROVAL**

<b>PROGRAM APPROVAL</b>	
Date: _____	Total Reimbursement: \$ _____
_____ Program Specialist	
<b>ACCOUNTING &amp; FINANCE OFFICE</b>	
Date: _____	Total Reimbursement: \$ _____
_____ Finance Director	