**Reimbursement Request for Substitute Teacher(s)**

The school division listed below requests reimbursement for the substitute expenditures for teacher(s) involved in the **2017 LinguaFolio® Fall Teacher Institute.**

School Division Name:

School Division Federal I.D. #:

School Division Mailing Address:

Contact Name:

Contact Phone:

Contact Email:

|  |  |  |
| --- | --- | --- |
| **Name of Teacher Attending the Training** | **Date(s)** | **$ Amount of Substitute Teacher Pay\*** |
|       |       | $      |
|       |       | $      |
|       |       | $      |
|       |       | $      |
|       |       | $      |
|       |       | $      |
| **Total Reimbursement Amount** | $      |

\*The Department of Education will reimburse up to a maximum of $110 per teacher per day for three days base rate only. **Do not include taxes in reimbursement request amount.**

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Superintendent’s Signature or Designee:

**Return this form via email or USPS by October 16, 2017 to:**

Kortni Lindsay

Project Manager

COTA/Virginia Tech

110 Shenandoah Avenue

Roanoke, VA 24016

(540) 853-8259

Kortni1@vt.edu