Attachment C

Superintendent’s Memo No.101-18

April 27, 2018

# Reimbursement Request for Substitute Teacher(s)

      (School Division Name) requests reimbursement for the substitute expenditures for teacher(s) involved in **2018 Modified Oral Proficiency Interview (MOPI) Institute**.

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 12, 2018, to:**

Kortni Lindsay

Project Manager

COTA/Virginia Tech

110 Shenandoah Avenue

Roanoke, VA 24016

P: 540.231.2602 F: 540.231.9886

Kortni1@vt.edu