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



      (School Division Name) requests reimbursement for the substitute expenditures for teacher(s) involved in **2016 Modified Oral Proficiency Interview (MOPI) Institute**.

School Division Federal I.D. #:

School Division Mailing Address:

Contact Name:

Contact Phone:

Contact E-mail:

|  |  |  |
| --- | --- | --- |
| **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 e-mail or USPS by October 15, 2016 to:**

Robyn Smyth

Project Manager

COTA/Virginia Tech

110 Shenandoah Avenue

Roanoke, VA 24016

(540) 853-8259

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