**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:

**2013 Modified Oral Proficiency Interview (MOPI) Institute**

(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 $110 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 December 13, 2013 to: Dr. Lisa A. Harris**

**Specialist for Foreign Languages**

**P.O. Box 2120**

**Richmond, VA 23218-2120**