**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**