

# Groundswell

## SUBSTITUTE REIMBURSEMENT FORM 2018-2019

Groundswell, through the College of Education at Grand Valley State University, will reimburse substitute pay to the school listed below.

**School Name** \_\_\_\_\_ (please complete one form per school)

PD DATE	TEACHER NAME(S) (please list each separately and expand this table as needed)	NAME OF EVENT	EVENT START AND END	SUBSTITUTE PAY RATE PER DAY
				\$
				\$
				\$
				\$
				\$

Signatures and further information is needed on the back

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\_\_\_\_\_➔

**Please provide the following information:**

School District: \_\_\_\_\_

School Name: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Send check to: \_\_\_\_\_  
Address/City/State/Zip

Signed: \_\_\_\_\_

*Principal's Signature*

Clarification/ questions about this form should be directed to \_\_\_\_\_  
(Name) (Phone)

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**Reimbursement deadline is 60 days after the PD/ Event occurred**

Fax this form within 60 days (call Veda Hodges first at 616- 331-6641 to alert her of the fax) then **fax to 616-331-6422**

**Or mail** within 60 days to:

Veda Hodges  
The Center for Educational Partnerships, 396C DEV  
College of Education  
Grand Valley State University  
401 Fulton Street West  
Grand Rapids, MI 49504-6431

Questions? Please call Veda Hodges 616-331-6640

*Note: Teachers MUST sign in and out during the PD for reimbursements to be issued.*

For Office Use Only

GVSU Approval: \_\_\_\_\_ FOAP: \_\_\_\_\_