

Groundswell

SUBSTITUTE REIMBURSEMENT FORM

This is a request for Groundswell, through the College of Education at Grand Valley State University, to reimburse substitute pay to the school listed below.

School Name: _____ (one form per school)

Date Submitted: _____

DATE OF GROUNDSWELL EVENT	TEACHER NAME(S) list each separately and expand table as needed	NAME OF EVENT	NUMBER OF HOURS	SUBSTITUTE PAY RATE
				\$
				\$
				\$
				\$
				\$
TOTAL REQUESTED				\$

Signatures and further information needed on back



Provide the following information:

School District: _____

School Name: _____

Make check payable to: _____

Send check to: _____
Address/City/State/Zip

Signed: _____ Date: _____
Principal's Signature

Questions about this form should be directed to: _____
Name Phone

Reimbursement form is due by 60 days after the event occurred by:

Email as attachment: hodgev@gvsu.edu (copy vandjess@gvsu.edu)

Fax: (616)331-6422 attn. Veda Hodges (call 616- 331-6640 to alert her of incoming fax)

Mail:

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

Questions? Please call Veda Hodges (616)331-6640

Note: Attendance MUST be confirmed with sign in and out during the PD for reimbursements to be issued.

For Office Use Only

GVSU Approval: _____ FOAP: _____ **Page 2 of 2**