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| Regions 1 & 2 Low Incidence Project |  **Bemidji Regional Interdistrict Council** (Grantee District/Organization)P.O. Box 974Bemidji MN(218) 745-5628 x 1248 • **FAX (218) 745-5886**  |

To: BRIC @ WAO Schools

 ATTN: Brenda Ackerson

 224 East Bridge

 Warren, MN 56762

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From:

 Teacher Name

Re: Substitute Teacher Reimbursement

Regional or State Community of Practice Meeting, out of district training and/or meeting (circle one)

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 Date

Please reimburse my district for substitute teacher pay.

Invoice is attached.

Amount: $

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Check payable to District:

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Address

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**Note to Bookkeeper:** Please attach **district invoice including the name of the substitute teacher**, and return to BRIC @ WAO Schools/Brenda Ackerson at the above address. Documentation is needed that a substitute was hired for the above date. **This document must be submitted before June 30, 2018.**

**Office Use Only:**

Grant: 421 440 432 487 873 430 or 446

**Disability Code:**

403 404 405 409 411 412 420 /391