SUBSTITUTE TEACHER REIMBURSEMENT REQUEST 2011-12

DATE OF POS/ARTICULATION WORKSHOP:_____

SCHOOL DISTRICT NAME: _____

S.D. MAILING ADDRESS: _____

POS/ARTICULATION WORKSHOP SUBJECT:_____

PERSON ATTENDING: _____

SUBSTITUTE COST: _____

TOTAL: _____

APPROVAL SIGNATURES:

_____ _____
HIGH SCHOOL AUTHORIZING REPRESENTATIVE DATE

_____ _____
ST. CLOUD TECHNICAL & COMMUNITY COLLEGE DATE
ARTICULATED COLLEGE CREDIT SPECIALIST

Please submit this form to: Great River Perkins Consortium
St. Cloud Technical & Community College
1540 Northway Drive
St Cloud, MN 56303

Questions Call: 320-308-6599

ALL forms must be received in the GRPC Office by MAY 25, 2012 in order for your school to be reimbursed.