



NCAPP AP Symposium Substitute Teacher Reimbursement Form

This form is to be used if your school/district is requesting substitute reimbursement for teachers who attend the AP Symposium using a NC AP Partnership (NCAPP) scholarship. Attendance will be verified before funds are released. Place the total reimbursement requested below, **not to exceed \$100 per substitute/per day**.

Workshop: AP Symposium October 7-8, 2020		
Name of Participant	Participant's School/District	Substitute Cost*
		\$
		\$
		\$
Total Substitute Pay Requested:		\$
For College Board Use Only:		
Vendor # _____	INV# _____	
DOS: _____	/24099	

***Submit completed form via email to NCScholarships@collegeboard.org. Only complete forms will be processed. Requests must be made within 30 days following the conclusion of the workshop to be eligible for processing.*

Please check one box below for appropriate remittance:

- School is requesting reimbursement – all teachers from same school
- District is requesting reimbursement for single school
- District is requesting reimbursement for multiple schools

Mailing address for check to be sent (address should match address on W-9):

Name of District/School:			
Attention of:			
Street Address 1:			
Street Address 2:			
City:			
State:	North Carolina	Zip Code:	

I certify that these funds were used for the activity specified above and that they were expended pursuant to my district/school guidelines. Furthermore, I understand that all NCAPP partnership funding is subject to State of NC audit.

Authorized Signature: _____ **Date:** _____

Name: _____ Title: _____ Email: _____ Phone: _____

Return form via email to North Carolina Partnership to NCScholarships@collegeboard.org. Questions? contact our office via email at: NCScholarships@collegeboard.org.

NOTE: Substitute Reimbursement Forms must be received to the email address above no later than 30 calendar days following the conclusion of the workshop. Any requests received after the 30-day time limit will not be processed.