



NCAPP Pre-AP/AP One Day Workshop Substitute Teacher Reimbursement Form

This form is to be used if your school/district is requesting substitute reimbursement for teachers who attend an AP Pre-AP and or AP One-Day Workshop using a NC AP Partnership (NCAPP) scholarship. Reimbursements will be provided up to the total amount of scholarships allotted to the district. Attendance will be verified before funds are released. Place the total reimbursement requested below, **not to exceed \$100 per substitute**.

****Please complete the form electronically and print to submit. Only complete forms will be processed.**

Please check box below for appropriate remittance – if applicable please check both boxes.

- Pre-AP Workshop AP One-Day Workshop

District Name:				
Name of participant	Participant's School	Subject/Workshop Location	Workshop Date	Substitute Cost*
				\$
				\$
Total Substitute Pay Requested in the amount of:				
For College Board Use Only: INV# _____ 3030950705008 24099 \$				

*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	
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 or fax: FAX: 954-874-4341 Attn: North Carolina Partnership
EMAIL: NC Scholarships@collegeboard.org**

Please direct any questions via email to NC Scholarships@collegeboard.org.

NOTE: Substitute Reimbursement Forms must be received (not postmarked) to the 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.