

Form FOR CLAIMING
Substitute Reimbursement

SUBMIT to:

Maine Mathematics and Science Alliance
Attn: Victoria Abbott
PO Box 5359
Augusta, Maine 04332
(207) 287-8159 (207) 287-5885 (Fax)

Reimbursement may be requested up to a maximum of \$85 per day or \$17/hour (not to exceed \$85 in a given day) for SCITEC activities that require a substitute or support personnel to fill in for or provide assistance for a SCITEC participant.

**Substitute or support personnel were contracted for _____
(Name of SCITEC teacher)**

SCHOOL: _____

Dates (including full and/or partial days) for which a substitute or support personnel were contracted: _____

of full days used _____ up to \$85/day = _____

of hours used _____ up to \$17/hr = _____

TOTAL AMOUNT REQUESTED:

\$

PLEASE MAKE CHECK PAYABLE TO: _____

Mailing Address: _____

I certify that the above claim was for the sole purpose of supporting the named SCITEC teacher participation in the SCITEC project, including support for conducting SCITEC related activities.

_____ Date: _____
(Authorized signature)

The program administration reserves the right to verify any and all information regarding claims.