

**Substitute Payment Request**

**Date:**

**Fellow Information**

Name:

Phone:

Email: Name of Event Attended by Fellow:

Event Hosted By:

Event Date(s):

Event Hours:

**Substitute Information**

Date(s):

Name of School:

School Address:

School Phone:

Make reimbursement check payable to:

 Name (attn):

 Address:

|  |
| --- |
| **Total amount requested for substitute reimbursement payment: $** |

Fellow Signature ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return form to:

|  |  |
| --- | --- |
| Mail: Samantha GriffinArkansas A+ Schools401 N. Main Street Suite 202North Little Rock, AR 72114 | Email: Samantha@ArkansasAPlus.orgFax: 501-379-9513 (attn: Samantha)Phone: 501-353-0832 |