



SUBSTITUTE REIMBURSEMENT FORM

School Name _____

Teacher Name _____

Date of Event _____

Name of College Career Pathway Activity _____

Cost _____

Principal / Director Signature _____

Please supply a copy of this to your principal. This request must be received by the College Career Pathways Office prior to the date of the activity.

Please send form to: Erin Sullivan, College Career Pathways, 574 New London Turnpike, Norwich, CT 06360 or FAX to 860-215-9914.

Late invoicing could prohibit the grant from reimbursing your system due to grant funding dates. Please send as far in advance as possible.