SCHOOL YEAR: _____

BLOCK GRANT FUNDS REIMBURSEMENT CLAIM FORM
L.E.A.S.E. I.D.E.A. GRANT #4620

IEP SUBSTITUTE TEACHERS

(Note: DO NOT attach documentation and receipts--maintain them at your district office.)

Name of Substitute	Name of Teacher for whom They Substituted	Name of Student(s)	Date of IEP	Voucher/ Check #	Cost
					$ -
					-
					-
					-
					-
					-
					-
					-
					-
					-

TOTAL THIS CLAIM **$ -**

I certify that the services/items listed above were purchased and payments have been disbursed by this school district and that appropriate documentation/receipts are on file in this district office.

_____
Approved: LEASE Coordinator or Building Principal

_____
Name/Title of Person Completing This Form

_____
Superintendent's Signature

_____ _____
District *Date*

FOR L.E.A.S.E. USE ONLY

_____ _____
Approved *Date*

$ _____
Amount To Be Paid
1-4120-300-0-3