Appomattox County Public Schools
P.O. Box 548/316 Court Street, Appomattox, VA 24522
Phone: 434-352-8251 Fax: 434-352-0883
www.acpsweb.net

REIMBURSEMENT REQUEST
For Criminal Records Background Check
Substitute Teachers

Name:_____
Last First Middle

Address:_____
Street City Zip

Social Security Number:_____-_____-_____

Phone No. (_____)-_____-_____

Please list the dates worked:
(Must be 20 full days, use an asterisk (*) to denote half days)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ _____
Signature of Employee Date

FOR OFFICE USE ONLY

Verified by Payroll _____ Date _____

Approved _____ Date _____

Amount to be reimbursed $_____

SUBMIT THIS FORM TO ACCOUNTS PAYABLE OFFICE