

SCHOOL ADMINISTRATIVE UNIT #70
41 Lebanon Street, Suite 2
HANOVER NH 03755
643-6050
FAX: 643-3073

Substitute Reimbursement Form

Name: _____

Mailing
Address: _____

Telephone number: _____

Date Worked as a Substitute	Name of School	Principal or designee (signature required)

I certify that above-named individual has been a substitute five times at the Ray School, Richmond Middle School or Hanover High School and that he/she may be reimbursed \$72.00 for the New Hampshire background check. This includes the \$25.00 charge at the Hanover Police station and \$47.00 for the NH state police.

OR

I certify that the above-named individual has been a substitute five times at the Marion Cross School and that he/she may be reimbursed \$37.00 for the Vermont background check (this includes the \$25.00 charge for fingerprinting at the Hartford Police Station).