



LOUISIANA DEPARTMENT OF EDUCATION

Directions for Completing Certificate of Reimbursement 2015 ELA and Math Summer Content Institutes

Local education agencies (LEAs) are eligible for reimbursement for the following training opportunities:

1. NMSI ELA Trainings for grades 3-12¹
2. LSU Cain Center (math)
3. Eureka Math

To determine the amount of funds to be allocated to each LEA, access the Grant Award Notifications available in the [Grant Award Program \(GAP\)](#) following the June BESE meeting the week of June 15.

To claim reimbursement:

- Complete the attached Certificate of Reimbursement (pg. 2).
- Review and certify all attendance and registration information is correct.
- Scan the completed, signed Certificate of Reimbursement and submit with invoices to louisianateacherleaders@la.gov.
- Deadline to submit a claim for reimbursement for the 2015 ELA and Math Summer Content Institutes is **August 27, 2015**.
- Attendance records will be verified for those listed on the Certificate of Reimbursement.
- LEAs will automatically receive payments electronically once the certificates have been reviewed and approved.

¹ Only non-SRCL districts are eligible for reimbursement.

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Certificate of Reimbursement 2015 ELA and Math Summer Content Institutes

This is to notify the Louisiana Department of Education that

(LEA)

is requesting the following reimbursements for summer content trainings.

English Language Arts Trainings			Math Trainings		
Participant Name	Training Date	Registration	Participant Name	Training Date	Registration
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$

Attach additional pages with participant names and registration costs as necessary.

Total ELA Training Reimbursement Request \$ _____ (Attach invoices)

Total Math Training Reimbursement Request \$ _____ (Attach invoices)

I hereby certify that the above registration fees were paid on behalf of teachers attending summer content institutes.

Superintendent or Chief Financial Officer (Print Name)

Superintendent or Chief Financial Officer (Signature)

Name and contact information for person completing the form

FOR STATE USE ONLY

Program Manager Date

Budget Manager Date

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