**Multi Tiered Systems of Support (MTSS)**

**District Claim Form**

|  |  |
| --- | --- |
| District Name |  |
| Grant Number |  |
| Date Claim was Submitted |  |
| Date Range for Claimed Expenses |  |
| Claim Amount |  |

**Please provide a detailed description of expenses.**

* All expenses MUST be accompanied by an attached **receipt**.
* All stipends and substitute reimbursement MUST include attached **payroll and benefit documents.**
* Meals CANNOT be reimbursed with substitute pay or stipends.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Expense Category (Click to select from dropdown)** | **Description** | **Amount** |
| *Example* | *Stipends* | *Stipend for* ***Marcy Jones*** *and* ***Bob Smith*** *to attend XYZ training* ***($87.50 per person).*** | *$xyz* |
| *Example* | *Educational Materials/Supplies* | *Letter tiles for intervention groups.* | *$xyx* |
| 1 | Choose an item. |  |  |
| 2 | Choose an item. |  |  |
| 3 | Choose an item. |  |  |
| 4 | Choose an item. |  |  |
| 5 | Choose an item. |  |  |
| 6 | Choose an item. |  |  |
| 7 | Choose an item. |  |  |
| 8 | Choose an item. |  |  |
| 9 | Choose an item. |  |  |
| 10 | Choose an item. |  |  |
| 11 | Choose an item. |  |  |
| 12 | Choose an item. |  |  |
| 13 | Choose an item. |  |  |
| 14 | Choose an item. |  |  |
| 15 | Choose an item. |  |  |
| **TOTAL** |  |  | **$ 0.00** |

|  |  |
| --- | --- |
|  |  |
| Authorizing Signature | Date |