

*Reimbursement Application for National Academic or Educational Competitions*

***DUE TWO WEEKS AFTER THE CLOSE OF THE EVENT***

**Name of competition:**

\_\_\_\_\_

**Name of school or team:**

\_\_\_\_\_

**BVSD Staff Chaperone(s) for competition:**

\_\_\_\_\_

**Location of competition:**

\_\_\_\_\_  
\_\_\_\_\_

**Date of competition:**

Arrival (month/day/year): (\_\_\_\_/\_\_\_\_/\_\_\_\_)

Departure (month/day/year): (\_\_\_\_/\_\_\_\_/\_\_\_\_)

**Your Role:** \_\_\_\_\_ **Team member participant**

\_\_\_\_\_ **BVSD Staff Chaperone**

**Reimbursement Information:**

**Name of person to receive check:**

\_\_\_\_\_

**Home address:**

\_\_\_\_\_

**Telephone #:**

\_\_\_\_\_

**Documentation:**

Attach the following items for the person requesting reimbursement:

1. A copy of the competition registration form.
2. Original receipt for competition registration payment.
3. Original receipt for airfare (boarding pass or credit card statement).
4. Original receipt for lodging.

**Reimbursement amounts:**

- BVSD will pay up to \$1000.00 **per team** for the cost of registration.
- BVSD will pay up to \$200 **per student** or **BVSD staff chaperone** for airfare and lodging.
- Maximum total reimbursement for a **team** is \$2500.

**Return this completed form to Jennifer Barr in the Office of Advanced Academic Services, Division of Learning Services, 6500 E. Arapahoe Rd. Boulder, CO 80303. Applications are due *TWO WEEKS AFTER THE CLOSE OF THE EVENT*. Please call 303-447-5087 or email [jennifer.barr@bvsd.org](mailto:jennifer.barr@bvsd.org) if you have any questions or require assistance with this form.**