

CLAIM FOR COST OF SUB TEACHER COVER

Project Title: **SHARING CLASSROOMS:DEEPENING LEARNING**

School Name and Address:
(Please Print in Capitals)

Date	Names of teachers in attendance at event and their role	TR number of teacher attending	Activity	Name of sub teacher covering	TR Number of sub cover teacher	Full day (F) Half day (H)
			SCDL training			

I certify that the above sub cover was necessary and engaged solely for the purpose of the above Project

Signed: _____
Principal

Date: _____

I certify that the activity detailed above relates solely to the delivery of the project and that sub cover was necessary.

Signed: _____
Project Co-ordinator

Date: _____

***Please return as soon as possible to Clare Murphy, NICIE, 25 College Gardens, Belfast, BT9 6BS**