MISSISSIPPI

VIRTUAL ACADEMY SUBSCRIPTION REIMBURSEMENT WORKSHEET

Use this worksheet only to request reimbursement for an agency's annual Virtual Academy subscription. Do not use this worksheet for individual Virtual Academy course reimbursements. Individual course reimbursements must be submitted using the BETST Emergency Telecommunicator Reimbursement Worksheet with tuition listed as $0.00.

Warning: MCA § 97-7-10 Fraudulent Statements and Representations

provides for criminal penalties for misrepresentations or fraudulent statements to a Board. This statute authorizes a fine of up to ten thousand dollars ($10,000) and imprisonment for up to five (5) years. Further, the BETST Board is authorized through MCA § 19-5-353 (8) to cancel and recall any certificate obtained through misrepresentation.

A. AGENCY INFORMATION

Agency Name

Agency Contact

Agency Contact Email

Agency MAGIC Vendor Number

Agency Phone (optional)

B. SUBSCRIPTION AND INVOICE

Subscription start date

Subscription end date

Invoice number

Invoice date

C. COVERAGE AND AMOUNT

Annual rate is $45.00 per telecommunicator/account, reimbursed once per subscription period. If the invoice includes law enforcement officers, firefighters, or other non-telecommunications personnel, list and request reimbursement only for telecommunicators. New hires added after this packet is submitted wait until the next annual subscription request.

# of telecommunicators covered

Amount requested ($45 × count)

Invoice total (if different)

Expected $45 × count (office)

D. REQUIRED ATTACHMENTS — check each item included

- ☐ Completed Virtual Academy Subscription Worksheet (this form, signed)
- ☐ Virtual Academy invoice
- ☐ Proof of cleared payment (cancelled check, bank/ACH confirmation, or paid stamp)
- ☐ Telecommunicator breakdown (page 2, or invoice names if only telecommunicators are listed)

E. AFFIDAVIT — Agency Head or Authorized Signee

I certify that I am an authorized official of the agency listed above; that this request is for this agency's Virtual Academy subscription only; that the persons listed on page 2 are employed by this agency as telecommunicators; that the invoice was paid by the agency and has not been reimbursed previously for the same subscription period; that this request complies with BETST policy; and that the information is true and complete to the best of my knowledge.

Printed name

Title

Date

Agency Head / Authorized Signer Email

Agency: Must be signed by the Agency Head or Authorized Signer

Date

V: **F:** **IO:** **Exp:**

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TELECOMMUNICATOR BREAKDOWN

List only telecommunicators covered by this Virtual Academy subscription. Do not list sworn officers, firefighters, jailers, or other non-telecommunications personnel even if they appear on the invoice. If every name on the invoice is a telecommunicator, enter “See invoice” in row 1 and attach the invoice.

Agency name (must match page 1)

Subscription period

#	Full name of telecommunicator	Job title	Full / part time	Notes
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

Total telecommunicators listed

Must equal # covered on page 1

Amount at $45 each (office)

REMINDERS

- Submit one subscription reimbursement per agency per subscription period.
- Do not submit another subscription request mid-year for a newly hired telecommunicator. Include that person on the next annual request.
- After this subscription is paid, Virtual Academy course reimbursements continue on the regular BETST worksheet with tuition = $0.00.
- Keep a copy of this packet with the invoice and proof of cleared payment for the agency file.