Revised 07/2018

SUBSTITUTE
REIMBURSEMENT/REPORT ATTACHMENT

SCHOOL: _____ **MONTH:** _____

EMPLOYEE NAME & EMPLOYEE #	DATE(S)	SUBSTITUTE NAME & EMPLOYEE #	ACCOUNT # (IF APPLICABLE)	AMOUNT (IF SCHOOL PAID)
			TOTAL AMOUNT OF REIMBURSEMENT:	

NOTES/EXPLANATION:

PRINCIPAL'S SIGNATURE: _____ **DATE:** _____