

Uintah School District

Substitute Reimbursement Information Form

Employee Information

Employee Name: _____

Work Location: _____

Meeting Information

Meeting Name: _____

Purpose: _____

Dates in Attendance: _____

Location: _____

Meeting Contact Information

Name of Contact: _____

Mailing Address: _____

Email Address: _____

Substitute Information

Name of Substitute: _____

Daily Rate: _____

Budget Number Charged: _____

Required Attachments

Substitute Reimbursement Information distributed at the meeting/training

Copy of Travel Voucher if Applicable

Copy of Meeting Agenda if Applicable

Employee Signature

Supervisor Signature

Submit completed form and all required attachments to Kelli Wilson in the business office within five (5) working days of the teacher's return to the classroom.