



VOUCHER FOR ITINERANT SUBSTITUTION

This form is to be used by component school districts for reimbursement of substitute payment for Itinerant Services Staff. Forms should be submitted monthly to: **Itinerant Services Coordinator**

SCHOOL DISTRICT INFORMATION

SCHOOL _____ DATE _____

ADDRESS _____

ABSENT EMPLOYEE NAME	DATES OF ABSENCE	FULL DAY	HALF DAY	SUBSTITUTE RATE OF PAY
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

TOTAL RATE OF PAY = \$ _____

FICA/MEDICARE X .0765 _____

TOTAL AMOUNT FOR REIMBURSEMENT TO DISTRICT \$ _____

SCHOOL DISTRICT APPROVAL

SIGNATURE OF SCHOOL REPRESENTATIVE _____

DATE SUBMITTED _____

FOR OFFICE USE ONLY:

Approval for Reimbursement _____

Budget Code _____