

OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
Fiscal Section
Old Capitol Building
PO BOX 47200
Olympia WA 98504-7200

SUBSTITUTE TEACHER OR CLASSIFIED EMPLOYEE REIMBURSEMENT INVOICE VOUCHER

MEETING DATE	su wh ye	INSTRUCTIONS TO VENDOR OR CLAIMANT: Claims must be submitted within 45 days after the meeting or by June 30— whichever comes first. Forms received after the close of the fiscal year cannot be processed. Submit copy of this form to: Fiscal Office Office of Superintendent of Public Instruction Old Capitol Building PO BOX 47200 OLYMPIA WA 98504-7200											
May 22,		PEAB Meeting - The Evergre College				reen State Stefanie Cady, 360-725-4478							
		TEACHERS NAMES			NO. C		DAYS	S RATE PER DAY		AMOUNT			
										TOTAL			
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Ву:	SCHOO	DL DISTRICT BUSI	NESS OFFICE S	IGNATURE AND	TITLE								
FOR OSPI USE ONLY							SUB OBJECT						
TRANS CODE	ORG INDEX	PROG INDEX	FUND	APPN INDEX	PROJ	SUB PROJ	PROJ PHASE	SUB-SUB OBJECT		AMOUN ⁻	Т	INVOICE #	
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