

Fiscal Section  
Old Capitol Building  
PO BOX 47200  
Olympia WA 98504-7200

## SUBSTITUTE TEACHER OR CLASSIFIED EMPLOYEE REIMBURSEMENT INVOICE VOUCHER

VENDOR OR CLAIMANT

**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

MEETING DATE	MEETING TITLE	OSPI MEETING CONTACT PERSON
October 17, 2014	PEAB Meeting - The Evergreen State College	Stefanie Cady, 360-725-4478

TEACHERS NAMES	NO. OF DAYS	RATE PER DAY	AMOUNT
TOTAL			

By: \_\_\_\_\_  
SCHOOL DISTRICT BUSINESS OFFICE SIGNATURE AND TITLE

FOR OSPI USE ONLY														
TRANS CODE	ORG INDEX	PROG INDEX	FUND	APPN INDEX	PROJ	SUB PROJ	PROJ PHASE	SUB OBJECT SUB-SUB OBJECT	AMOUNT	INVOICE #				
	1218	21A07	001	252										
<p align="center"><b>PAYMENT APPROVED BY:</b></p> <table border="1"> <tr> <td>PROGRAM SECTION DIRECTOR</td> <td>DIRECTOR OF BUDGET/FISCAL SERVICES</td> </tr> </table>											PROGRAM SECTION DIRECTOR	DIRECTOR OF BUDGET/FISCAL SERVICES		
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<table border="1"> <tr> <td>PAYEE NO</td> <td>DATE</td> <td>PAYMENT AUDIT BY</td> <td>CURRENT DOC. NUMBER</td> </tr> </table>											PAYEE NO	DATE	PAYMENT AUDIT BY	CURRENT DOC. NUMBER
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