

# Substitute Reimbursement Form



**To be Reimbursed:** School District \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Reason for Reimbursement:** \_\_\_\_\_

**Date of Meeting:** \_\_\_\_\_

**Name of Participant:** \_\_\_\_\_

**Name of Substitute:** \_\_\_\_\_

## Substitute Reimbursement

*District will be reimbursed for a half-day substitute at school district's rate.*

Substitute Reimbursement Amount \$ \_\_\_\_\_

## Mileage Reimbursement

*Mileage at \$0.41 per mile*

Total Miles \_\_\_\_\_

Mileage Reimbursement Amount \$ \_\_\_\_\_

**Total Amount Due** \$ \_\_\_\_\_

\_\_\_\_\_  
*Signature of School Official*

\_\_\_\_\_  
*Date*

Account Number \_\_\_\_\_

Received by \_\_\_\_\_

Approved by \_\_\_\_\_

Date \_\_\_\_\_

**Return to:** \_\_\_\_\_  
(Name)

Heartland AEA  
6500 Corporate Drive  
Johnston, IA 50131