

**CHINOOK'S EDGE SCHOOL DIVISION NO. 73**  
**REQUEST FOR RE-BILL OF SUB COSTS**

Date	Substitute Teacher	Name of Teacher	Reason for Absence (Specific Details for Invoicing)	# of Days Taught

Please indicate agency that should be charged:

Invoice to:

Name of Organization \_\_\_\_\_

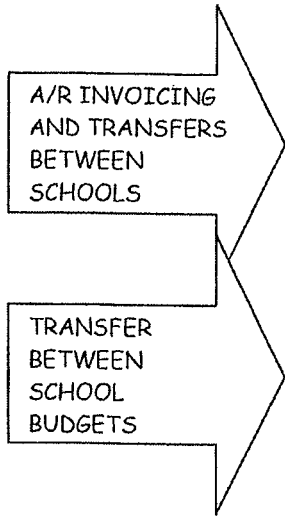
Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City, Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Send to Attention of: \_\_\_\_\_



\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
School minibudget account to be credited

\_\_\_\_\_  
Signature of Principal of School whose minibudget will be charged with sub costs

\_\_\_\_\_  
Minibudget code of the school paying for the sub

1. Please use a separate sheet for each different agency you want charged.
2. You may use this sheet for multiple billing to the same agency - please provide specific details for invoicing to the required organization.
3. Please indicate the mini budget code that will be credited - this would be the same code that the sub's pay has been charged to
4. If you are wanting another school charged with the sub costs, that school's principal must sign giving approval to charge the costs to his/her minibudget. The school paying for that sub should also indicate what minibudget code should be charged.
5. This form will not be processed unless it is filled out completely, and correctly.
6. Please attach this copy to your month end Sub report.

(attach to sub time sheet)

July 01

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