

**INVOICE for SUBSTITUTES  
(FAU and PAEC)**

Please reimburse \_\_\_\_\_ school district for the cost of a substitute teacher, as specified below.

Teacher for whom substitute was obtained:

Name:  
School:  
Mailing Address:

Telephone Number:  
Social Security Number:

Substitute:

Name:  
School:  
Mailing Address:

Telephone Number:  
Social Security Number:

Date and hours substitute worked: DAY:                      HOURS:

Cost to be reimbursed:

Reason for use of substitute:

School District FEID Number:

Address to which check should be mailed:

\_\_\_\_\_  
Authorized Signature

**After you have attended the workshop, please complete this form and fax it to Florida's Coordinated School Health Program at (850) 245-5116 or SunCom 205-5116.**

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**FOR PROJECT USE ONLY**

Substitute authorized by Project?     Yes             No

Project Expenditure should be charged to: