

# MONROE COUNTY SCHOOL DISTRICT

## Request for Substitute Reimbursement For UTM Pool Days

<u>Dates</u>	<u>Name of UTM Representative</u>	<u>Name of Substitute</u>	<u>Substitute's Daily Rate</u>	<u>No. of Hours (X)</u>	<u>Total to be Reimbursed (=)</u>
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(Copy of approved leave form must be attached)


Total Amount to be Reimbursed

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Coding to be credited:

<u>Fund</u>	<u>Function</u>	<u>Object</u>	<u>Center#</u>	<u>Project</u>	<u>Program</u>	<u>Amount</u>
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\_\_\_\_\_  
Center

\_\_\_\_\_  
Date

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