

INVOICE

**PALOMAR TECH PREP CONSORTIUM
SUBSTITUTE REIMBURSEMENT**
(High School Districts only)

High School District _____

District Office Address _____

City _____ State _____ Zip Code _____

Contact Person _____ Phone _____

Name of person attending meeting: _____

Name and date of meeting _____

Number of substitute hours: _____

Rate of pay per hour: _____ Rate of benefits per hour: _____

Total amount claimed: _____

NOTES:

- 1. Please attach a copy of the district substitute request form.**
2. The cut-off date for submitting financial claims is May 14, 2005.

High School Authorization

Date

Tech Prep Coordinator

Date

Forward completed invoice and required documents to:
Rita Campo Griggs
Tech Prep Coordinator
Palomar College
1140 W. Mission Road
San Marcos, CA 92069

Direct questions regarding reimbursement to:
Rita Campo Griggs
(760) 744-1150 Ext.3047