

Please complete this form within 30 days
and return the original and one copy to:
Instructional Materials Office
Florida Department of Education
424 Turlington Building
Tallahassee, FL 32399-0400
(850) 245-0425; SunCom 205-0425

FLORIDA DEPARTMENT OF EDUCATION

**DISTRICT REIMBURSEMENT REQUEST FOR
SUBSTITUTE TEACHERS**

Section 1006.29(2)(c), Florida Statutes, states, "The district school board shall be reimbursed for the actual cost of substitute teachers for each workday that a member of its instructional staff is absent from his or her assigned duties for the purpose of rendering service to the state instructional materials committee."

Date: _____

Name of Classroom Teacher

Social Security Number

a member of the instructional staff of _____ District and of the _____
_____ State Instructional Materials Committee.

Meeting Place: _____
Hotel City State

Dates attended meeting: _____

The actual cost to the district for substitute teachers for _____ workdays at
\$ _____ per day, was \$ _____.

(Example: 5 days times \$80.00 per
day equals \$400.00.)

Certified Correct: _____
Signature of District Superintendent or Designee

District

Date Signed

