

# Substitute Teacher Reimbursement Invoice

**Payee**

\*include contact name and mailing address

**Vendor or Claimant**

Wenatchee School District #246  
Attn: Lisa Mulhall  
235 Sunset Ave  
Wenatchee, WA 98801

**Meeting Title**

**Meeting Contact Person**

Date	Staff Name(s)	Full/ Half Days	Rate per Day	Amount
Total due to Claimant				

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature