

**Instructions:** Please complete and submit this form to the MCCEE office for approval prior to use date. MCCEE will return the form when it has been approved or disapproved. **Your district** is responsible to send us the time sheets and final request for payment in order for us to reimburse the district.

Sub is for (who):	Date Filed:
District:	Date of Activity:
Career Program:	Activity:
Email:	Phone:

*Instructor's Signature:* \_\_\_\_\_

*Administrator's Signature:* \_\_\_\_\_

<i>Date:</i>	<i>Substitute:</i>	<i>Career Course:</i>	<i>Sub Fee Cost:</i>

MCCEE will reimburse the district for substitute teacher expenses.

This request has been \_\_\_\_\_ *Approved* \_\_\_\_\_ *Disapproved* for the following reason:

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\_\_\_\_\_

\_\_\_\_\_

MCCEE USE ONLY:

Approved by:	Date:	Date Paid:	Check #
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