

KBS Reimbursement Voucher - K-12 Partnership Substitute Costs

Please return this form with an INVOICE from your school district. Invoice must include the name of the teacher, name of the sub and the pay rate. Email (karaahaas@msu.edu) or Mail to Kara Haas, KBS, 3700 East Gull Lake Drive, Hickory Corners, MI 49060.

Payee	KBS USE ONLY: Account to be Charged	
District Name _____ Billing Contact Name: _____ Billing Contact's email: _____ Billing address (must match the District's W-9/IRS forms): _____ _____ _____ Phone: _____	Department: KBS K-12 Partnership Contacts: Kara Haas karaahaas@msu.edu Account # _____ (if known, include sub-account/sub-object code)	
Date of K-12 workshop attended (or date of substitute teacher): _____		
Workshop Participant (Teacher) Name	Substitute Teacher Name	Individual sub. cost
Total Claim:		

Date Submitted: _____

Supervisor Signature (if required): _____

KBS only –Signature of K-12 Partnership Representative: _____