INVOICE
Education Professional Standards Board
Teachers' National Certification Incentive Trust Fund
NBC-2: Substitute Reimbursement Form

I request reimbursement in the amounts shown below for the employment of substitute teacher(s) on the date(s) indicated.

Make checks payable to _____
School District

_____
Contact Person

_____
Address

_____ _____
City **ZIP**

Candidate Name **Candidate SS#**

_____ _____

	Date of Substitute Service	Reimbursement Amount
Day 1		
Day 2		
Day 3		
Day 4		
Day 5		

TOTAL AMOUNT DUE _____

REQUIRED SIGNATURES:

_____ _____ _____
Superintendent **School District** **Date**

_____ _____ _____
Candidate's Signature **Candidate's Name (Print or type)** **Date**

Reimbursements will be issued by the Education Professional Standards Board.

Deadline for all forms is June 15, 2007.

Mail to: **Teresa McGrapth Moore, Program Consultant**
Education Professional Standards Board
100 Airport Road
Frankfort, KY 40601