**FP 500-6**

# Federal Programs "Title II Reimbursement for Substitutes" Form Request #_____

| | | | | | | Finance Dept. | Check One |
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| **DATE** | **SCHOOL** | **TEACHER SIGNATURE** | **TEACHER** *(PRINT NAME)* | **SUBSTITUTE** *(PRINT NAME)* | **SUBS Emp. I.D.#** | **AMT** | **HALF/WHOLE .05/1** |
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