

BILLING INFORMATION



Please attach a copy of the approved Professional Leave Form(s) to completed Billing Information Form and return to [Shari Kraus](#), Equity Department, Aslin Administration Building.

Name of Organization: _____

Meeting/Event: _____

***If DESE – Meeting Host** _____

Location of meeting/event: City: _____ State: _____

Date(s) of meeting/event: From (Month/Day/Year) _____ To: (Month/Day/Year) _____

Send invoice to: Organization _____

Attention: _____

Street _____

City, ST, ZIP _____

(Last Name, First Name)

Person(s)

Attending:

***If DESE is to be billed for the expense then provide the following information: specific name of meeting, date attending, name of person hosting meeting, name and address of person who should be billed for the cost of the substitute.** DESE usually sends a “Substitute Pay for Meetings/Hotel Reimbursement” memo to each participant who attends an event for which they will reimburse the district for substitute costs. The information above is usually listed in that memo and can be attached to this form.

Cost to be billed:	Substitute(s)	[] x \$158.75 =	\$
	If Columbia Public Schools is to be reimbursed for travel expenses, complete the information below:		
	Travel Expenses	Lodging:	\$
		Meals:	\$
		Transportation:	\$
	Total Travel Expenses		\$
	Other		\$

Total Amount Due

\$

Comments:

Information submitted by: _____ Date: _____