

Delabar CTE System

CTE – Education That Works

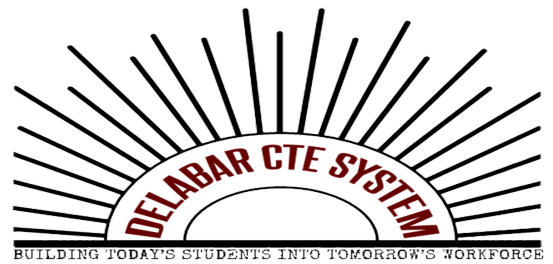
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Galesburg, IL. 61401

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www.delabarctesystem.com



SUB FEE FY2021 REQUEST FORM

THIS BOX FOR DELABAR ADMIN USE ONLY:

ORDER DATE: _____

BUDGET ACCOUNT CODE: _____ PAYMENT AMOUNT: _____

ISSUE PAYMENT TO: _____

Instructions: Please complete and submit this form to the Delabar Office for prior approval. Delabar will return the form when it has been approved or disapproved. **THE DISTRICT IS RESPONSIBLE FOR SENDING SUB FEE TIMESHEETS AND FEES PAID IN ORDER FOR DELABAR TO REIMBURSE THE DISTRICT.**

DATE FILED:		NAME:	
DISTRICT:		PHONE:	
CTE PROGRAM:		EMAIL:	
DATE OF ACTIVITY:		ACTIVITY:	

Instructor Signature: _____

Administrator Signature: _____

Delabar will reimburse the district treasurer for substitute teacher expenses.

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

DELABAR USE ONLY:

Approved by:	Date:	Date Paid: