



Teachers of Excellence Standards (TOES)  
Request for Substitute Reimbursement



School Readiness Program: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

TOES Participant Name: \_\_\_\_\_

Professional Development Day Title: \_\_\_\_\_

Requested Reimbursement Amount: \_\_\_\_\_ for \_\_\_\_\_ hours

I verify that the copies of the following documents are attached to this request for reimbursement:

- Signed TOES Request for Reimbursement
- TOES Certificate of Completion
- Copy of Salary Check