



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#

Day 1
Day 2
Day 3
Day 4
Day 5

Date of Substitute Service	Reimbursement Amount

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.

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

