



Invoice for Substitute Reimbursement

#01790253

2017-18

Invoice #REG8ESC12

0344

Date: 01/30/18

Please remit to: COMMUNITY SERVICES OF NORTHEAST TEXAS

School Name:

Address: 304 E. HOUSTON STREET

P. O. BOX 427

LINDEN, TX 75563

SITE VENDOR CODE: 65529

TSR Teacher	Type of Training	Date of Training	Reimbursement Amount
Kishina Shaw	2 DAY CIRCLE	10/04/17	75.00
Kishina Shaw	2 DAY CIRCLE	10/11/17	75.00
Ronald King	2 DAY CIRCLE	10/04/17	75.00
Ronald King	2 DAY CIRCLE	10/11/17	75.00
Ronald King	Progress Monitoring	10/17/17	75.00

Total: \$375.00

Gina Lee Wilcox 2/19/18
Substitute Reimbursement

Funding: # 12997 ; Class Code: 23041

