



Justification of Supply Teaching

Please attach the completed and signed form to the **Post-Project Report School**

Board name: _____

School name: _____

Teacher's name: _____

Substitution date	Reason	Cost	Number of days	Amount
		\$ 255	day(s)	\$
		\$ 255	day(s)	\$
		\$ 255	day(s)	\$
		\$ 255	day(s)	\$
		\$ 255	day(s)	\$
		\$ 255	day(s)	\$
TOTAL				\$

SIGNATURE

School principal: _____

Date Submitted: _____
Day/month/year