



899 - Third Party Billing Form

School Name: _____

Date of Absence: _____

Teacher Name: _____

Substitute Name: _____

Half Day or Full Day: _____

Substitute Rate: _____

Organization to be Billed: _____

Billing Address: _____

Organization Email: _____

Date of Staff Development: _____

Location of Staff Development: _____

Reminders:

- When creating the absence, use account code 8.5110.899.163.000.215.00
- If organization will only pay a flat sub rate per teacher, use that amount as your substitute rate above.
- Forms must be received by Finance 5 days prior to the staff development date.

For internal use only

Received by: _____

Date Received: _____

Date Organization Billed: _____

Amount Billed: _____