SHERMAN ISD
P.O. BOX 1176
SHERMAN, TX 75090

SUBSTITUTE CLAIM VOUCHER

Name:_____ **Address:**_____

Note: Please obtain the signature of the principal or secretary at the end of the day. Return this form to the Human Resources Office on the last day of each month.

Date	School	Name of Absent Teacher	AM, PM All Day	Signature of Principal or Secretary	Job Number

_____ _____

Signature of Substitute Teacher **Amount**