



RELEASE TIME REIMBURSEMENT FORM

Teacher Name: _____

Address: _____

School Name: _____

School District: _____

Description: **Reimbursement of release time costs to attend Democracy Bootcamp.**

Release Time Date (s): _____

Number of days: _____

Amount per day: _____

Subtotal: _____

TOTAL AMOUNT: _____

Please attach an invoice or documentation from your board summarizing the cost and amount due.

Please remit payment via: ☐ Cheque ☐ E-transfer

Name: _____

Address: _____

Email: _____