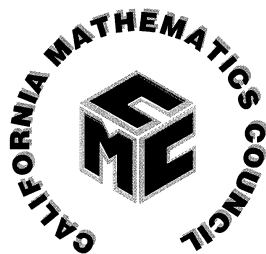


CMC State Office
PO Box 234
Kenfield, CA 94914
<https://www.cmc-math.org/>



Brian Lim
CMC-N Treasurer
blim128@yahoo.com

Date _____

The California Mathematics Council supports the involvement of classroom teachers in the activities of their professional organization. Such activities will improve teaching and learning in their own classrooms, in their schools, and throughout the state. We appreciate your cooperation in making this possible and will reimburse the district/school for the cost of substitutes that enable teachers to participate in the committee work of CMC. Please complete this form and return it (with your invoice) to:

CMC-N Treasurer
P.O. Box 191318
Sacramento, CA 95819

To be completed by the teacher requesting a substitute (Readable please):

Teacher name: _____

CMC Committee name: _____

Name of Event: _____

Purpose of absence: _____

Date(s) of absence: _____

Complete this section if no invoice is attached: Substitute Cost: _____

District: _____

Attn: _____

Address: _____

City/ST/ZIP: _____

*** Reimbursements received 60 days after absense will not be reimbursed. ***