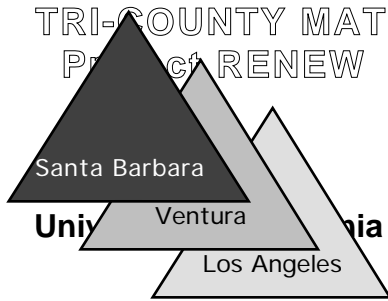


TRI-COUNTY MATHEMATICS PROJECT
Project RENEW



CECIMS/GGSE

Santa Barbara, CA 93106

Telephone **805-893-3355**
FAX **805-893-3026**

**RELEASE TIME REIMBURSEMENT AGREEMENT
In Support of RENEW Participating Teachers (Preceptees)**

Release Time Provided for (name): _____

School _____

District _____ Phone _____

District Address _____

Date(s) of release time _____

Preceptor's Name (if different from above): _____

Purpose of release time (include the names of preceptee(s) supported through this release time):

Applicant's site administrator should sign below indicating approval.

signature _____

date

<p>Project Renew agrees to reimburse</p> <p>_____ School District</p> <p>for _____ day(s) at \$ _____ per day for the person named above for a total of \$ _____</p> <p>_____</p>

Nancy Terman, Director

Directions for reimbursement: Please send this form to your business office for billing. The business office should send an invoice to Project RENEW and include a copy of this form.