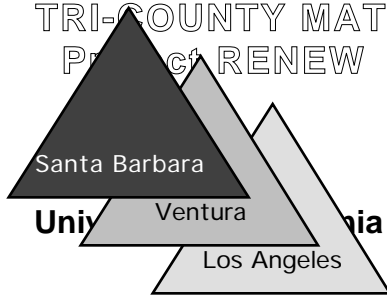


TRI-COUNTY MATHEMATICS PROJECT
Project RENEW



CECIMS/GGSE

Santa Barbara, CA 93106

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

RELEASE TIME REIMBURSEMENT AGREEMENT

Name _____

School _____

District _____ Phone _____

District Address _____

Date(s) of release time _____

Purpose of release time & location _____

Applicant's site administrator should sign below indicating approval.

signature _____

date _____

Project Renew agrees to reimburse

_____ School

~~to~~ District _____ day(s) at \$ _____ per day for the person named above for a

~~\$~~ total of _____

~~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.