



Guy Leavitt, Administrator  
 Cooperative Educational Service Agency #4  
 923 East Garland Street, West Salem, WI 54669  
 (608) 786-4800 FAX (608) 786-4801 www.cesa4.k12.wi.us

**PARTICIPANT STIPEND/EXPENSE CONTRACT**

**CONTACT INFORMATION:**

**NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** 54669  
**HOME PHONE** (608) 786-4822 **BUSINESS PHONE** (608) 786-4822  
**FAX NUMBER** (608) 786-4743 **E-MAIL** \_\_\_\_\_

**ACTIVITIES/EVENT PARTICIPATED IN:**

**TIME SEQUENCE OF ACTIVITIES:**

**PROJECT NUMBER** \_\_\_\_\_  
**PROJECT NAME** \_\_\_\_\_  
**OBJECT CODE** \_\_\_\_\_  
**DATE(S)** \_\_\_\_\_  
**LOCATIONS** \_\_\_\_\_  
**TIME(S)** \_\_\_\_\_  
**TOTAL HOURS** \_\_\_\_\_

**STIPEND/EXPENSES FOR PARTICIPANT**

<input type="checkbox"/> STIPEND					\$0.00
<input type="checkbox"/> TRAVEL	0	MILES ROUND TRIP @	\$0.535	PER MILE	\$0.00
<input type="checkbox"/> MEALS	0	# OF MEALS @	\$0.00		\$0.00
<input type="checkbox"/> MATERIALS	0	ITEMS	COSTS		\$0.00
<input type="checkbox"/> RENTAL CAR	0		\$0.00		\$0.00
<input type="checkbox"/> AIRLINE TICKET	0		\$0.00		\$0.00
				<b>TOTAL</b>	<b>\$0.00</b>

NOTES

**PAYMENT TO BE MADE 14 TO 21 DAYS OF EVENT DATE**

\_\_\_\_\_  
 Signature of Participant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 CESA #4 Director

\_\_\_\_\_  
 Date



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In an effort to be in compliance with the state and federal law and to keep our records up to date, please complete the below W-9, Request for Taxpayer Identification Number and Certification, and return with your signed contract. Failure to return may delay payment.

Thank you for your cooperation.

### REQUEST FOR THE TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Name (as shown on your income tax return)

\_\_\_\_\_

Business name, if different than above

\_\_\_\_\_

ADDRESS:

CITY:

STATE ZIP

Check Appropriate box:	Individual/Sole proprietor	<input type="checkbox"/>
	Corporation	<input type="checkbox"/>
	Partnership	<input type="checkbox"/>
	Other	<input type="checkbox"/>

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN must match the name given in Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN).

Social Security Number \_\_\_\_\_

Employer Identification Number \_\_\_\_\_

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
  2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
  3. I am a U.S. person (including a U.S. resident alien).
- Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

\_\_\_\_\_  
SIGNATURE OF US PERSON

\_\_\_\_\_  
DATE