



Guy Leavitt, Administrator
 Cooperative Educational Service Agency (CESA) #4
 923 East Garland Street, West Salem, WI 54669
 (608) 786-4800; (800) 514-3075; Fax (608) 786-4801
 www.cesa4.k12.wi.us

Service...Above and Beyond

PARTICIPANT STIPEND/EXPENSE CONTRACT

PLEASE INCLUDE W-9: REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION WITH THIS CONTRACT.

CONTACT INFORMATION

| | |
|----------------------------|--|
| Name | |
| Address | |
| City, State and Zip | |
| Business Phone | |
| Business Fax | |
| Home Phone | |
| Email | |

ACTIVITIES/EVENT PARTICIPATED IN

| | |
|----------------------|--|
| Name of Event | |
| Location(s) | |
| Date(s) | |
| Time(s) | |
| Total Hours | |
| Project Name | |
| Project Code | |
| Object Code | |

STIPEND/EXPENSES FOR PARTICIPANT

| | | | | | | | | | |
|----------------------|----------------------|----------------------|--------------------------|-------------------|--|--|---------------|---------------|--|
| <input type="text"/> | Stipend | | | | | | | | |
| <input type="text"/> | Travel/Mileage | <input type="text"/> | miles @ \$0.535 per mile | | | | | \$0.00 | |
| <input type="text"/> | Meals | <input type="text"/> | total meals | (ATTACH RECEIPTS) | | | | | |
| <input type="text"/> | Hotel and/or Parking | | | (ATTACH RECEIPTS) | | | | | |
| <input type="text"/> | Materials | | | (ATTACH RECEIPTS) | | | | | |
| <input type="text"/> | Rental Car | | | (ATTACH RECEIPTS) | | | | | |
| <input type="text"/> | Airfare | | | (ATTACH RECEIPTS) | | | | | |
| <input type="text"/> | Other: | <input type="text"/> | | | | | | | |
| | (ATTACH RECEIPTS) | | | | | | TOTAL: | \$0.00 | |

NOTES:

Payments to be made 14 to 21 days from event date.

Signature of Participant

Date

Signature of CESA #4 Director

Date