



Cheryl Gullicksrud, Administrator
 Cooperative Educational Service Agency #4
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www.cesa4.org

Service...Above and Beyond

REIMBURSEMENT CLAIM FORM

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

REIMBURSEMENT INFORMATION

Source Name (Grant / Contract) _____

- PARTIAL CLAIM
- FINAL CLAIM
- REVISED FINAL CLAIM

District/Agency or Participant _____
 Address _____
 City, State, and Zip _____
 Business Phone _____
 Contact Person _____

DOCUMENTATION NEEDED FOR REIMBURSEMENT

Please document this request by attaching copies of expense history reports and copies of invoices with the following information clearly indicated

Checks Issued To (if multiple, attach sheets) _____
 Check Number _____
 Date _____
 Description of Disbursement _____

SUMMARY OF REIMBURSEMENT CLAIM

<input type="checkbox"/> Staff Salaries / Sub Pay		\$ -
<input type="checkbox"/> Staff Fringe		-
<input type="checkbox"/> Supplies / Materials		-
<input type="checkbox"/> Stipend:	_____	-
<input type="checkbox"/> Travel / Mileage	_____ Miles @ \$0.535 per mile	-
<input type="checkbox"/> Contracted Services / Consultant		-
<input type="checkbox"/> Registration Fees		-
<input type="checkbox"/> Other:	_____	-
TOTAL REIMBURSEMENT		\$ -

NOTES:

 Signature of District / Agency Administrator / Participant

 Date

CESA #4 INTERNAL USE ONLY

 Project Name

 Project #

 Object #

 Director's Signature for Authorization of Payment