



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