

# Tyler County Special Education Co-Op

## Travel and Consultant Expenditures for Special Education

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

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Dates covered by this request - both inclusive)

### OUT OF REGION TRAVEL

### CALCULATION FOR MEALS

click on top of the day and it will circle it for you

Date Departed Center	TIME		Date Departed Center	TIME		\$5.00	\$6.00	\$9.00
	AM	PM		AM	PM	Breakfast	Lunch	Dinner
						SMT WTFS	SMT WTFS	SMT WTFS
						SMT WTFS	SMT WTFS	SMT WTFS
						SMT WTFS	SMT WTFS	SMT WTFS
						SMT WTFS	SMT WTFS	SMT WTFS
						SMT WTFS	SMT WTFS	SMT WTFS

### DISTRIBUTION

### AMOUNT CLAIMED

- |   |             |
|---|-------------|
| 1. Meals: Breakfast \$ _____ Lunch \$ _____ Dinner \$ _____                               | 1. \$ _____ |
| 2. Fares: Public Carrier & taxi receipts over \$3.00 (Attach copy of receipts)            | 2. \$ _____ |
| 3. Personal car mileage _____ miles @ _____ 53.5¢ per mile                                | 3. \$ _____ |
| 4. Lodging (attach receipts)  | 4. \$ _____ |
| 5. Stipend for Consultants: _____ days @ \$ _____ per day                                 | 5. \$ _____ |
| 6. Other Expenses: list below-registration charges, consultant expenses, car rental, etc. |             |

DATE	EXPLANATION OF OTHER EXPENSES	AMOUNT
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_____	_____	_____
_____	_____	6. \$ _____
_____	_____	TOTAL 7. \$ _____

I certify that the list of expenses rendered above, totaling \$ \_\_\_\_\_ is a true and correct amount of expenditures necessary to carry out the purpose described.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Business Manager

DATE	PLACE	PURPOSE	CONTACT PERSON	MILEAGE

Total from attached pages (if necessary)  
Total miles: \_\_\_\_\_

ATTACH ALL RECEIPTS

