

REIMBURSEMENT CLAIM FORM 2010-2011

Early Childhood Regional Networks

(Grant CFDA No. 84.173, Source Code 730, Project Code 348)

I. Claimant

CESA/school district/agency: _____

Address: _____

Region being represented: _____

Contact person: _____ Contact phone: _____

Email: _____ Tax ID # _____

II. Reimbursement Claim

Substitute costs \$ _____

Summer or after school pay \$ _____

Expansion of staff time for planning efforts \$ _____

Resource, staff development and planning materials \$ _____

Parent stipends or child care costs to allow parent involvement. \$ _____

Meals and snacks appropriate to participant meetings \$ _____

TOTAL CLAIMED \$ _____

Authorized Signature: _____ Date: _____

I CERTIFY that all disbursements reported herein are properly substantiated and reconciled with the financial transactions of this District's/Agency's general ledger, and have not been claimed under any other state or federal program.

Bookkeeping question? Call Carol (608) 758-6232 ext. 308; other questions, call Susan Donahoe (608) 758-6232 ext 323

Upon completion of your event(s), submit this claim form
ON OR BEFORE June 1, 2011 to:
Carol Romack, CESA #2 Bookkeeper, 448 E. High Street, Milton, WI 53563
Please submit only ONE reimbursement form after all expenses have incurred.

CESA #2 USE ONLY
Approval Signature: _____ Date: _____