



Paul Fischer, Administrator  
 Cooperative Educational Service Agency #4  
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[www.cesa4.org](http://www.cesa4.org)

*Achieving Excellence Together*

## REIMBURSEMENT CLAIM FORM

DISTRICT'S TOTAL ALLOCATION (if applicable) \$ -

### REIMBURSEMENT INFORMATION

- PARTIAL CLAIM
- FINAL CLAIM
- REVISED FINAL CLAIM

<b>District/Agency or Participant</b>	
<b>Address</b>	
<b>City, State, and Zip</b>	
<b>Business Phone</b>	
<b>Contact Person</b>	

### SUMMARY OF REIMBURSEMENT CLAIM

	ACTUAL EXPENDITURES
Coordinator Salary	\$ -
Coordinator Fringe	-
Instructional Costs	-
Employer Costs	-
Other:	-
	\$ -

### 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	
Check Number	
Date	
Description of Disbursement	

### MATCHING FUNDS:

	BUDGET	ACTUAL EXPENDITURES
Local Matching Funds	\$ -	\$ -

Description of Matching Funds

\_\_\_\_\_  
 Signature of District / Agency Administrator \_\_\_\_\_  
Date

CESA #4 INTERNAL USE ONLY		
<b>Project Name</b>	<b>Project #</b>	<b>Object #</b>
_____ Director's Signature for Authorization of Payment		