



Paul Fischer, 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

	Stipend				
	Travel/Mileage	<input type="text"/>	miles @ \$0.555 per mile		\$0.00
	Meals	<input type="text"/>	total meals (ATTACH RECEIPTS)		
	Hotel and/or Parking		(ATTACH RECEIPTS)		
	Materials		(ATTACH RECEIPTS)		
	Rental Car		(ATTACH RECEIPTS)		
	Airfare		(ATTACH RECEIPTS)		
	Other:	<input style="width: 100%;" type="text"/>			
	(ATTACH RECEIPTS)			<b>TOTAL:</b>	<b>\$0.00</b>

### NOTES:

Payments to be made 14 to 21 days from event date.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of CESA #4 Director

\_\_\_\_\_  
Date