



**Region 9 Education Service Center  
Noneducational Community-based Support Services  
Reimbursement Expense Report**

Stamp in Date

District Name				Date:	
Service Date(s)	ESC Student Code from approved application	Service Provider	Service Code**	Amount	ESC Initials
<b>TOTAL:</b>					

**\*\*List services separately. Service codes must match service description on page 6 and 7 of application.**

- |  |                            |
|--|----------------------------|
| 1 Respite Care                           | 7 Family Support           |
| 2 Attendant Care                         | 8 Family Dynamics Training |
| 3 Psychiatric/Psychological Consultation | 9 Transportation           |
| 4 Management of Leisure Time             | 10 Generalization Training |
| 5 Socialization Training                 | 11 Peer Support Group      |
| 6 Individual Support                     | 12 Parent Support Group    |

<b>Authorized Representative of District/Fiscal Agent</b>	<b>Date</b>
<b>District Contact Name</b>	<b>Phone No.</b>
<b>Region 9 ESC Approval</b>	<b>Date</b>

For REGION 9 ESC Use Only		
P.O. #	Region 9 ESC Budget # 392-93-6493-00-819-223000	Amt. \$

**Submit completed form with copies of invoices or time sheets and proof of payment (copy of check or general ledger printout) to:  
Jill Landrum, Region 9 ESC, 301 Loop 11, Wichita Falls, TX 76306**



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**Reimbursement Checklist 2011-2012**

**Reimbursement Expense Report**

- \_\_\_\_\_ Each service provided (service code) is listed on a separate line
- \_\_\_\_\_ Services provided match original approved application description of services on page 6 and cost analysis on page 7
- \_\_\_\_\_ Amounts on the form match supporting documentation
- \_\_\_\_\_ Request has been approved by an authorized representative of the district/fiscal agent (i.e. Special Education Director)
- \_\_\_\_\_ District contact name and phone number is provided

**Service Provider Documentation**

- \_\_\_\_\_ Copy of invoice and/or copies of time sheets from service provider match services on the report form
- \_\_\_\_\_ Invoice and/or time sheets document date, time, duration, and rate (hourly/daily/weekly) for services provided

**Proof of Payment from LEA**

- \_\_\_\_\_ Copy of check from LEA to service provider, and/or
- \_\_\_\_\_ LEA general ledger print out

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