

**INVOICE TO MID-VALLEY SPECIAL EDUCATION CO-OP**

**FOR 94-142 DIFFUSION REIMBURSEMENT**

**SCHOOL YEAR:** \_\_\_\_\_

<b>Check (X) one:</b>	
Flow Through	_____
Pre-School	_____

Use this form to bill Mid-Valley for expenses incurred under 94-142 Program

**SCHOOL DISTRICT NAME:** \_\_\_\_\_

Month of this Claim    July    Aug    Sept    Oct    Nov    Dec    Jan    Feb    Mar    Apr    May    Jun  
 (select one)

List below the expenses incurred by category; record expenditures according to your budget. Include under Employee Benefits column the State's (Employer's) Share of teacher's pension that you are required to pay in Federally funded programs, and any portion of the teacher's tax sheltered pension paid for by the district. (Revenue from this program should be recorded as: Pre-School 4600 or Flow-Through 4620 in your budget.)

State Acct. Number	Expenditure Account	Employee Salaries (100's)	Employee Benefits (200's)	Purchased Services (300's)	Supplies & Materials (400's)	Capital Outlay (500's)	Other Objects (600's)
1000	Instruction	_____	_____	_____	_____	_____	_____
2110	Attendance Services	_____	_____	_____	_____	_____	_____
2120	Guidance Services	_____	_____	_____	_____	_____	_____
2130	Health Services	_____	_____	_____	_____	_____	_____
2140	Psychological Services	_____	_____	_____	_____	_____	_____
2150	Speech & Audio Pathology Serv	_____	_____	_____	_____	_____	_____
2210	Improvement of Instruction	_____	_____	_____	_____	_____	_____
2300	School Administration	_____	_____	_____	_____	_____	_____
2520	Fiscal Services	_____	_____	_____	_____	_____	_____
2540	Operation & Maintenance	_____	_____	_____	_____	_____	_____
2570	Internal Services	_____	_____	_____	_____	_____	_____
4100	Payment to Other Gov. Units	_____	_____	_____	_____	_____	_____
_____	Other (Specify) _____	_____	_____	_____	_____	_____	_____
<b>TOTALS</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

I attest that the above information is a true and accurate accounting of the actual expenses incurred by the District for the 94-142 program and does not exceed the approved budget, and that diffusion is requested on a reimbursement method.

SIGNATURE \_\_\_\_\_

TOTAL OF INVOICE: \$ \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

OUTSTANDING ENCUMBRANCES ON REPORTING DATE: \_\_\_\_\_