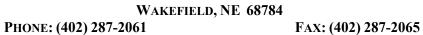


## **EDUCATIONAL SERVICE UNIT ONE**

211 TENTH STREET WAKEFIELD, NE 68784





www.esu1.org

		1	Autism Team B	Illing Form	
School District	Served:				
			Billable Servi	ce Time	
On Site Service	e Date(s) or	Workshop Da	te(s):	<u>cc 11111c</u>	
On Site Service	Time(s): Fro	om	То	<del></del>	TOTAL
Total Service I	ıme:	X Cor	itracted Rate:		101AL \$
(Please attach attend worksho	0	oordinator's d	email request for yo	our assistance v	vith this referral or permission to
	Follow U	p Consultatio	on Expected:	Yes	No
			Registrat	<u>ion</u>	
Include Receip Paid by:		Self			TOTAL \$
Lam claiming	to	tal miles X	Mileag per mile		TOTAL \$
From (City/Sta	te)		to		
Paid by:	District	Self			
			<u>Lodgin</u>	g	
Date(s):					TOTAL \$
Hotel Name: _ Include Invoice	a/Receipts				
Paid by:	District	Self			
raid oy.	District	5011	Meals	<b>.</b>	
Include Receip				•	TOTAL \$
Paid by:	District	Self			
Include Dessin	.ta		<u>Parkin</u>	g	TOTAL \$
Include Receip Paid by:		Self			101AL \$
raid by.	District	GCII			
TOTAL PAYN	MENT REQU	JESTED	Reimbursed Reimbursed	d to District: \$_d to Me: \$_	
Was a Substitu	te Needed	Yes	<u>Substitute Info</u> No	ormation	
Name of Subst					
ASD Team M	<b>Iember</b>			Date	