



AGENDA
Private Non-Profit Schools Services Virtual Meeting
August 26, 2021
1:00p.m. – 4:00 pm

- ❖ Welcome/Introductions
- ❖ Instructional Solutions & Support Contract
- ❖ 3rd Party Vendors
- ❖ Budget (Allocations 2021-2022)
- ❖ Travel/Conference/Material Request Procedures
 - Guideline/Flowchart
 - Request form (Chrome)
 - Travel Form (Per Diem, Map, Trip Optimizer)
 - Change Form
 - Reimbursement Form & Checklist
 - W-9
 - Out-of-State (LEA timelines & forms)
 - Material Deliveries
- ❖ Needs Survey
- ❖ Tutorial Observations (Fall)
- ❖ Questions
- ❖ Adjourn

Private Non-Profit School Services

PRIVATE NON-PROFIT SCHOOL SERVICES

Title I

The purpose of the Title I program is to provide additional academic assistance for students who are failing or in danger of failing to meet academic standards. School districts set aside funds for the Title I program based on the numbers of low-income students who live in their Title I attendance areas and attend participating private schools. A private school may have funds from several districts, as funding is based on where students live. Students are selected for services using multiple educational criteria. In order to be served, a student must meet the academic criteria as well as live in a participating Title I district attendance area.

Title II

The purpose of the Title II program is to provide professional development opportunities for teachers and administrators of private schools in order to improve the quality of the instructional program. Funding is based on the number of students in the school and is set aside for each participating private school by the district in which it is located.

Title III

The purpose of the Title III program is to provide assistance for private schools to ensure that ESL students attain English proficiency. Students are given a language test in order to determine eligibility. Funding is set aside by the district in which the private school is located based upon the number of eligible students.

Title IV

The purpose of the Title IV program is to provide for well-rounded educational opportunities, a safe and healthy school environment, and the effective use of technology in private schools. Funding is based on the number of students in the school and is set aside for each participating private school by the district in which it is located.

Private Non-Profit School

Title I Participation – 3rd Party Vendor



2021 - 2022

As a private school, you have chosen to participate in Title I with a 3rd Party Vendor.
Please select the 3rd Party Vendor you would like to use:

- Action Potential Learning
- Catapult Learning
- Learn It
- Literacy United

Please indicate the desired amount of your Title I allocations:

Tutor Services - \$ _____

Private Non-Profit School

Signature – Private Non-Profit

Date



Materials/Presenter/Subscriptions - Expenditure Request 2021-2022

Materials/Presenter Expenditure Request Form

Three quotes are required for all materials, presenters, and subscription requests

1. Name of Private Non-Profit School:*

2. Please select the district in which is your school is located.*

--Please Select-- ▼

3. Approved By - Private Non-Profit Administrator *

4. Please check the purpose of the request:*

Three quotes are required for all material, presenter, and subscription request.

--Please Select-- ▼

5. Please indicate which funds to use*

--Please Select-- ▼

6. Name of Presenter, materials type or subscription you are requesting.*

7. Preferred Vendor*

Email 3 quotes to ccampbell@esc11.net. Please list your preference and where vendor was found below

Vendor

With what district did you find this Approved

Vendor?

Preferred

8. If requesting books, please indicate the number requesting.

9. Explanation of Expenditure (please give details)*

Please give details on how this conference/travel/presenter/materials is reasonable, necessary, allowable, and allocable to the federal program. This MUST be aligned with the school's needs assessment for current year.

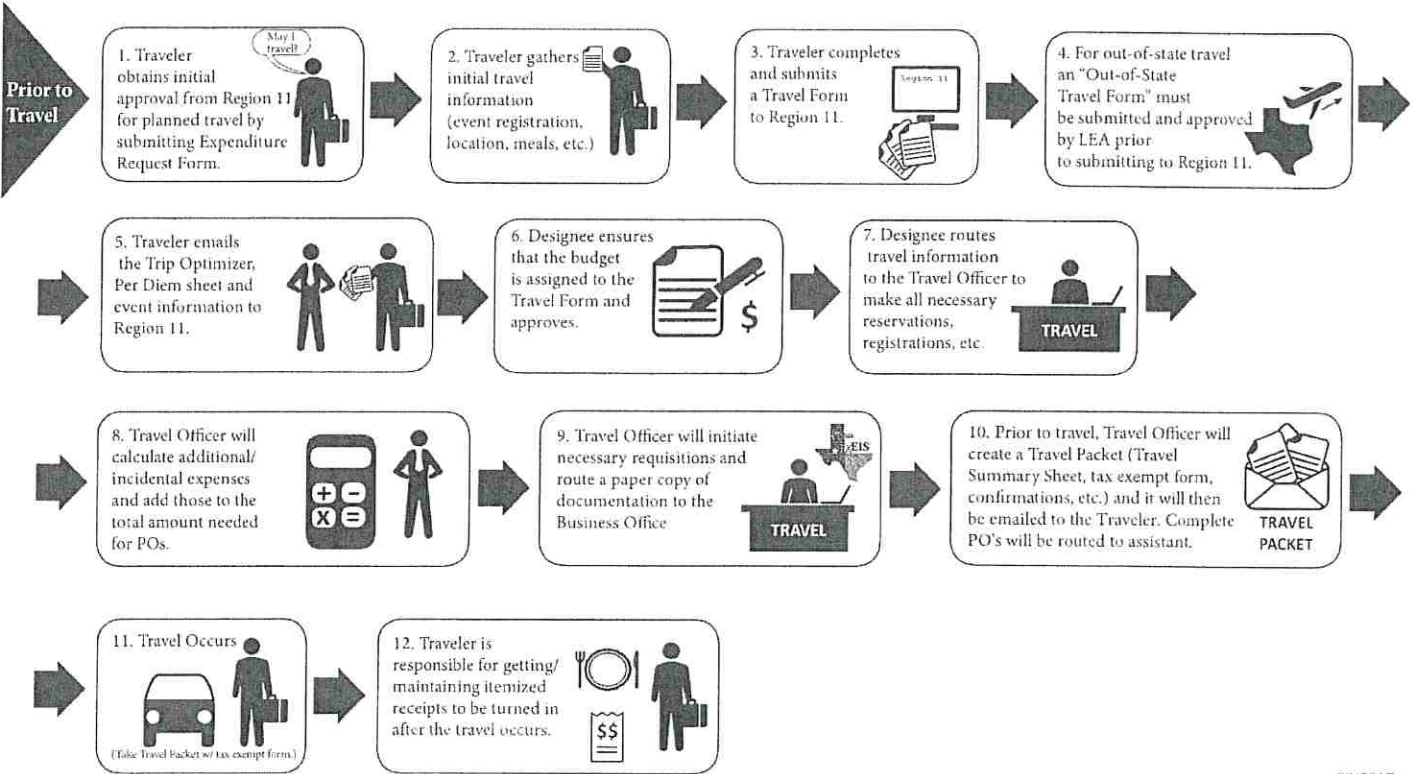
10. Has documentation for request been email?*

Quotes/presenter information must be emailed to ccampbell@esc11.net before the process may begin.

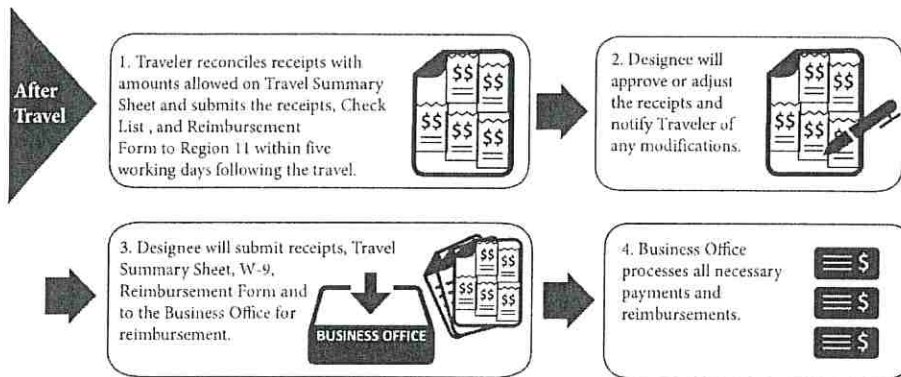
--Please Select-- ▼

Done Save Cancel

PNP Travel System (Overnight Travel) — Process Flow



PNP Travel System (Overnight Travel) — Process Flow



Private Non-Profit Schools TRAVEL ARRANGEMENTS AND REIMBURSEMENTS

Travel expenses will be submitted to ESC Region 11 for reimbursement.

Please adhere to the ESC 11 travel guidelines below:

- **HOTEL ACCOMMODATIONS:**
 - You will be responsible for incidental expenses charged to your room.
 - You must provide a Hotel Occupancy Tax Exempt Form (see attached) upon check-in.
 - You must provide ESC Region 11 with a zero balance hotel bill.
- **MEAL REIMBURSEMENT**
 - Meals cannot be reimbursed for non-overnight travel.
 - Gratuities are not reimbursable.
 - Meal receipts must be itemized showing what was purchased and cost for each item. **A credit card receipt or other receipt just showing a total amount cannot be accepted.**
 - Alcoholic beverages should be on a separate receipt. Receipts with alcohol will not be reimbursed.
 - You must provide ESC Region 11 with a copy of the original itemized receipts. Meals without a receipt will not be reimbursed. (Please keep the original itemized receipts as a file backup, they may be collected at some point)
- **TRANSPORTATION:**
 - **Rental Car:**
 - Taxi/shuttle/bus – to/from airport and host hotel will be reimbursed.
 - Rental car fuel will be reimbursed. Fuel must be purchased prior to returning to Enterprise.
 - **Mileage Reimbursement:**
 - If you choose to drive your personal vehicle, you will be reimbursed the lesser amount on the Trip Optimizer.
 - You will need to submit printed directions from the electronic mapping source, Google Maps, from school location to the hotel and back to your school.
 - **Flights:**
 - Boarding passes **must** be provided to ESC Region 11. If using electronic boarding pass, take a screen shot of it before loading or print from email confirmation.
 - Luggage fees will be reimbursed.
 - **Toll Road:**
 - Toll Road fees will not be reimbursed.
 - **Parking:**
 - Hotel and Airport Parking will be reimbursed.
 - Valet parking is **not** eligible for reimbursement unless needed for medical reasons or if no other parking option is available.
 - Gratuities will not be reimbursed.
 - Travelers are encouraged to carpool and share cabs/shuttles to and from airports when possible.
 - All original receipts must be provided to ESC Region 11 for rental vehicle, fuel purchases for rental vehicles, flights, luggage expenses for flights, and parking to be reimbursed.

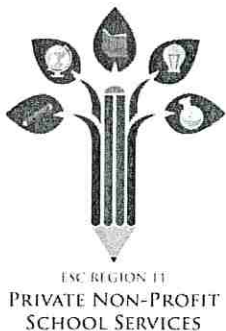
Action Step checklist.

- ✓ Print off hotel tax exempt form and provide to the hotel at check in.
- ✓ Collect all itemized receipts and return to the ESC attached to the PNP Travel Reimbursement Form that correlates to your training location.
- ✓ Print directions from google maps and submit to the ESC along with itemized receipts and PNP Reimbursement Form.
- ✓ Print off W-9 form and return completed to the ESC with Checklist and PNP Reimbursement Form.

All paperwork must be returned within 5 days after travel has occurred to the attention of:

Corya Campbell
ESC Region 11
ccampbell@esc11.net
1451 South Cherry Lane
White Settlement, Texas 76108

Travel reimbursement will take 3-6 weeks from the time paperwork has been received. Incomplete paperwork may result in a delay of payment. A check will be mailed to the address on your W-9 for your reimbursement payment.



Conference/Travel - Expenditure Request 2021-2022

Travel/Conference Expenditure Request Form

1. Name of Private Non-Profit School:*

2. Please select the district in which funds will be encumbered.*
--Please Select-- ▼

3. Approved By - Private Non-Profit Administrator *

4. Please check the purpose of the request: *
Additional form is required for conference registration, in-state or out-of-state travel
--Please Select-- ▼

5. Please indicate which funds to use*
--Please Select-- ▼

6. Name or Title of Conference/Training/Workshop*

7. Location of Conference/Training/Workshop? *
City and State

8. If out-of-state request, has LEA pre-approved?
--None-- ▼

9. Justification of Expenditure (please give details)*
Please give details of how this conference/travel/workshop is reasonable, necessary, allowable, and allocable to the federal program. This must be aligned with the school's needs assessment for the current year.

10. Has documentation for this request been emailed?
Conference/Training/Workshop information and travel back-up documentation must be emailed to ccampbell@esc11.net when submitting a request. Once this request has been received and documentation has been sent to Region 11, you will be notified to submit a Conference/Travel form.
--None-- ▼

11. Participants

For all registrations, travel requests, and reimbursements please list below the names for all participants.

	Name	Email
Participant 1		
Participant 2		
Participant 3		
Participant 4		
Participant 5		
Participant 6		
Participant 7		
Participant 8		
Participant 9		
Participant 10		
Participant 11		
Participant 12		
Participant 13		
Participant 14		
Participant 15		



1451 S. Cherry Lane
White Settlement, TX 76108

Private Non-Profit Travel Form

Please complete form. If you are requesting travel, you must complete the Per Diem and Trip Optimizer.

Corya Campbell

- IS ANY PART OF THIS TRAVEL REQUEST A RUSH? No
- Please specify NO

Traveler Information

- First Name Corya
- Last Name Campbell
- Private School: PNP
- Other Travelers? No

Travel Payment Options

- Request Type In-State Travel/Conference Registration
- Choose your travel payment process: ESC 11 - Purchase Order
- Funds to be used? Title I Funds
- Funds being used from which district? Arlington ISD
- Budget: (TO BE COMPLETED BY ESC 11)

Event Details:

- Name of Conference/Workshop/Training: Example
- Conference City, TX: Austin, Texas
- Start Date of Conference/Workshop: 9/15/2021
- End Date of Conference/Workshop: 9/16/2021
- Total number of days (including days allotted for travel time): 2
- Event start time: 9:00 a.m.
- Registration Fee: \$200
- Registration Payment Deadline: 9/10/2021
- Login AND password information, required if applicable: PLEASE COMPLETE
- Event Registration Details (web address and/or contact info): Conference web address

Flight Details

- Flight Needed? Yes
- If no, skip to next section.
- Roundtrip Yes
- One-Way No
- Legal Name (as it appears on ID/DL): Corya
- Date of Birth: 01/01/2021
- DEPARTURE date/time: 00/00/0000

The SAVE button will submit this form to ESC Region 11. Please make sure it is complete before saving.

Contact Corya Campbell at 817-740-3639 with any questions regarding this form.

Private Non-Profit Travel Form

- | | |
|------------------------------------|-----------------------|
| - Departure Airport: | DFW |
| - Destination Airport: | Bergstrom |
| - RETURN date/time: | 00/00/0000 |
| - Departure Airport: | Bergstrom |
| - Destination Airport: | DFW |
| - Seat Preference: | Window |
| - Cell Phone # for Flight Updates: | 817-000-0000 |
| - Special Instructions/Notes: | Include special notes |

Personal Vehicle

- | | |
|---|-----|
| - Personal vehicle being used?
If no, skip to next section. | Yes |
| - For personal reasons, I will drive my own vehicle with the understanding that I will only be reimbursed the lesser amount based on the Trip Optimizer form. | Yes |
| - Miles to and from event location: | 400 |
| - Miles to and from airport/hotel and event location: | 20 |
| - Click here for Google Maps | |
| - Click here for Trip Optimizer
Reimbursement is .58 per mile | |

Rental Car Details

- | | |
|--|--|
| - Rental car needed? | Yes |
| - If more than one traveler, how many? | 3 |
| - If more than one traveler, provide first and last name of who will be driving: | Corya Campbell |
| - List pick up and drop off location(s): | Desired Enterprise Location |
| - Pick up date/time: | 00/00/00 10:00 a.m. |
| - Drop off date/time: | 00/00/0000 1Noon |
| - Type of vehicle needed (Large SUVs will need Director approval): | SUV |
| - Special Instructions/Notes: | Will need SUV because we will have 3 people with luggage |

Hotel Details

- | | |
|--|-------------------|
| - Hotel needed? If no, skip to next section. | Yes |
| - 1st hotel choice, including address and phone #: | Hotel information |
| - 2nd hotel choice, including address and phone #: | Hotel information |
| - 3rd hotel choice, including address and phone #: | Hotel information |
| - Check in date: | 00/00/0000 |
| - Check out date: | 00/00/0000 |
| - Special Instructions/Notes: | |

Meals

- | | |
|--|--|
| - Click here to complete Per Diem Meal form. | |
|--|--|

The SAVE button will submit this form to ESC Region 11. Please make sure it is complete before saving.

Contact Corya Campbell at 817-740-3639 with any questions regarding this form.

Private Non-Profit Travel Form

- | | |
|---|-------------------|
| - Total meal allowance, based on per diem form: | 189.00 |
| - Special Instructions/Notes: | Based on per diem |

-
- Estimated miscellaneous costs (Uber, taxi cab, parking, etc.)

Check List

-
- | | |
|---|---|
| - Per Diem? | Yes |
| - Trip Optimizer? | Yes |
| - Submitted Travel Plan at least ten working days prior to travel? | Yes |
| - RUSH REQUEST? | Yes |
| - If this is a rush request, please provide justification (to include on Purchase Authorization, if one is required). | Early bird registration is \$200 less than regular registration |

-
- Event registration cost:
 - Room cost per night, including allowable taxes:
 - Incidental hotel holding fees, per night:
 - Parking fee amount:
 - Internet fee amount:
 - Cost of airfare:
 - Baggage fee:
 - Airport parking fee:
 - Estimated cost of rental:
 - Misc. costs:
 - Meal allowance:
 - GRAND TOTAL:
 - Estimated gas expense:
 - Department Director:
 - Department Director Approval Date:
 - Travel/Event Specialist Approval:
 - Travel/Event Specialist Approval Date:
 - If state rate is not available, what budget does overage need to come out of? (TO BE COMPLETED BY ESC 11)
 - Budgeter Approval:
 - Top 3 hotel choices, including addresses and phone #s:
 - Budgeter Approval Date:

The SAVE button will submit this form to ESC Region 11. Please make sure it is complete before saving.

Contact Corya Campbell at 817-740-3639 with any questions regarding this form.

Private Non-Profit Change Form

Please complete this form if you are making any changes to travel or conference.

Corya Campbell

- Private School Name	PNP
- Traveler:	Corya Campbell
- District of funding?	Arlington ISD
- Name or Workshop/Conference:	Example
- Start date of Travel/Conference:	09/15/2021
- Changes to Event Details:	Will attend pre conference on 9/14/2021
- Changes to Flight Details:	A day earlier
- Changes to Personal Vehicle/Rental Car Details:	A day earlier
- Changes to Hotel Details:	A day earlier
- Other Changes:	
- Director's Signature	

The SAVE button will submit this form to ESC Region 11. Please make sure it is complete before saving.

Contact Corya Campbell at 817-740-3639 with any questions regarding this form.



Per Diem Form

(For Travel Occurring between
October 1, 2020 and September 30, 2021)

Employee Name

Departure Date

 mm/dd/yr

Destination Co. Key #

Destination City

Total Overnight Stays

Total Travel Days

#N/A

#N/A

Lodging and Meal Allotments

Maximum Hotel Lodging Allotment	#N/A	x Days =	#N/A
GSA Meal Allotment - \$5 Incidentals	#N/A	x Days =	#N/A
First and Last Days	#N/A	x 2 Days =	#N/A
Total Allowable Meal Allotment			#N/A

U.S. General Services Administration Per Diem Rates

Effective October 1, 2020 - September 30, 2021

Key #	Primary Destination	County	Dates	Lodging	Meals	Meals - \$5 Incidentals	First & Last Day Meals
1	Unlisted County	Not Listed	Any	\$96.00	\$55.00	\$50.00	\$37.50
2	Arlington/Fort Worth/Grapevine	Tarrant, City of Grapevine	Any	\$167.00	\$61.00	\$56.00	\$42.00
3	Austin	Travis	10/1 - 10/31	\$158.00	\$61.00	\$56.00	\$42.00
	Austin	Travis	11/30 - 1/31	\$140.00	\$61.00	\$56.00	\$42.00
4	Austin	Travis	2/1 - 6/30	\$161.00	\$61.00	\$56.00	\$42.00
	Austin	Travis	7/1 - 8/31	\$131.00	\$61.00	\$56.00	\$42.00
	Austin	Travis	9/1 - 9/30	\$158.00	\$61.00	\$56.00	\$42.00
7	Big Spring	Howard	Any	\$136.00	\$61.00	\$56.00	\$42.00
9	Corpus Christi	Nueces	Any	\$103.00	\$56.00	\$51.00	\$38.25
10	Dallas	Dallas	10/1 - 11/30	\$161.00	\$66.00	\$61.00	\$45.75
11	Dallas	Dallas	12/1 - 8/31	\$154.00	\$66.00	\$61.00	\$45.75
12	Dallas	Dallas	9/1 - 9/30	\$161.00	\$66.00	\$61.00	\$45.75
13	El Paso	El Paso	Any	\$98.00	\$61.00	\$56.00	\$42.00
14	Galveston	Galveston	10/1 - 5/31	\$99.00	\$61.00	\$56.00	\$42.00
15	Galveston	Galveston	6/1 - 7/31	\$132.00	\$61.00	\$56.00	\$42.00
16	Galveston	Galveston	8/1 - 9/30	\$99.00	\$61.00	\$56.00	\$42.00
17	Houston	Montgomery, Fort Bend, Harris	Any	\$122.00	\$61.00	\$56.00	\$42.00
20	Midland/Odessa	Midland, Andrews, Ector, Martin	Any	\$183.00	\$61.00	\$56.00	\$42.00
21	Pecos	Reeves	Any	\$134.00	\$66.00	\$61.00	\$45.75
22	Plano	Collin	Any	\$122.00	\$56.00	\$51.00	\$38.25
23	Round Rock	Williamson	Any	\$102.00	\$56.00	\$51.00	\$38.25
24	San Antonio	Bexar	Any	\$124.00	\$61.00	\$56.00	\$42.00
25	South Padre Island	Cameron	10/1 - 2/28	\$96.00	\$56.00	\$51.00	\$38.25
26	South Padre Island	Cameron	3/1 - 7/31	\$105.00	\$56.00	\$51.00	\$38.25
27	South Padre Island	Cameron	8/1 - 9/30	\$96.00	\$56.00	\$51.00	\$38.25
28	Waco	McLennan	10/1 - 2/28	\$107.00	\$56.00	\$51.00	\$38.25
	Waco	McLennan	3/1 - 4/30	\$123.00	\$56.00	\$51.00	\$38.25
	Waco	McLennan	5/1 - 9/30	\$107.00	\$56.00	\$51.00	\$38.25
29	OUT OF STATE		Any			(\$5.00)	(\$3.75)

NOTE: ESC Region 11 has a responsibility to provide services that assist our clients with operating more efficiently and economically. Likewise, it is imperative that our employees work to ensure that our own resources are used in a fiscally responsible manner. All expenses incurred by our staff are considered public records and are subject to public scrutiny. With this in mind, we should make every effort to demonstrate good stewardship of our financial resources when traveling on business in order to fulfill our mission and represent the ESC in the most positive light.

Trip Optimizer

How-To



[Print this page](#)

ESC REGION 11

- Compact 34.50/31 mpg
- Intermediate 36.50/30 mpg
- Standard 36.50/28 mpg
- Full Size 38.50/28 mpg
- Mini Van 52.00/24 mpg
- Medium SUV 56.00/23 mpg
- Large SUV 59.00/17 mpg
- Small Truck: 55.00/19 mpg
- Large Truck: 60.00/18 mpg
- Cargo Van: 55.00/13 mpg
- 15 Pass van: 94.00/13 mpg
- Premium SUV: 99.00/17 mpg
- Mileage reimbursement: **.545**
- Google Maps
- Cost of Fuel

Use Current Standard Rate

Go to this link and click on Texas for fuel cost.

Welcome to the Trip Optimizer

Please use this trip optimizer to determine the most cost effective travel solution.

Input Values

All fields required

- Distance to be Traveled: Miles
- Total Days in Trip:
- Car Rental Daily Rate: USD
- Cost of Fuel: Gal.
- Reimbursement Rate: USD / Miles
- Rental Car Fuel Usage: Miles / Gal.

Total number of miles in trip per Google Maps (print map)

ESC Region 11 reimbursement is always .545

Reset Calculator

* Actual rate may vary. Additional taxes, surcharges etc. may apply

Renting a car will save you \$ 72.93 USD

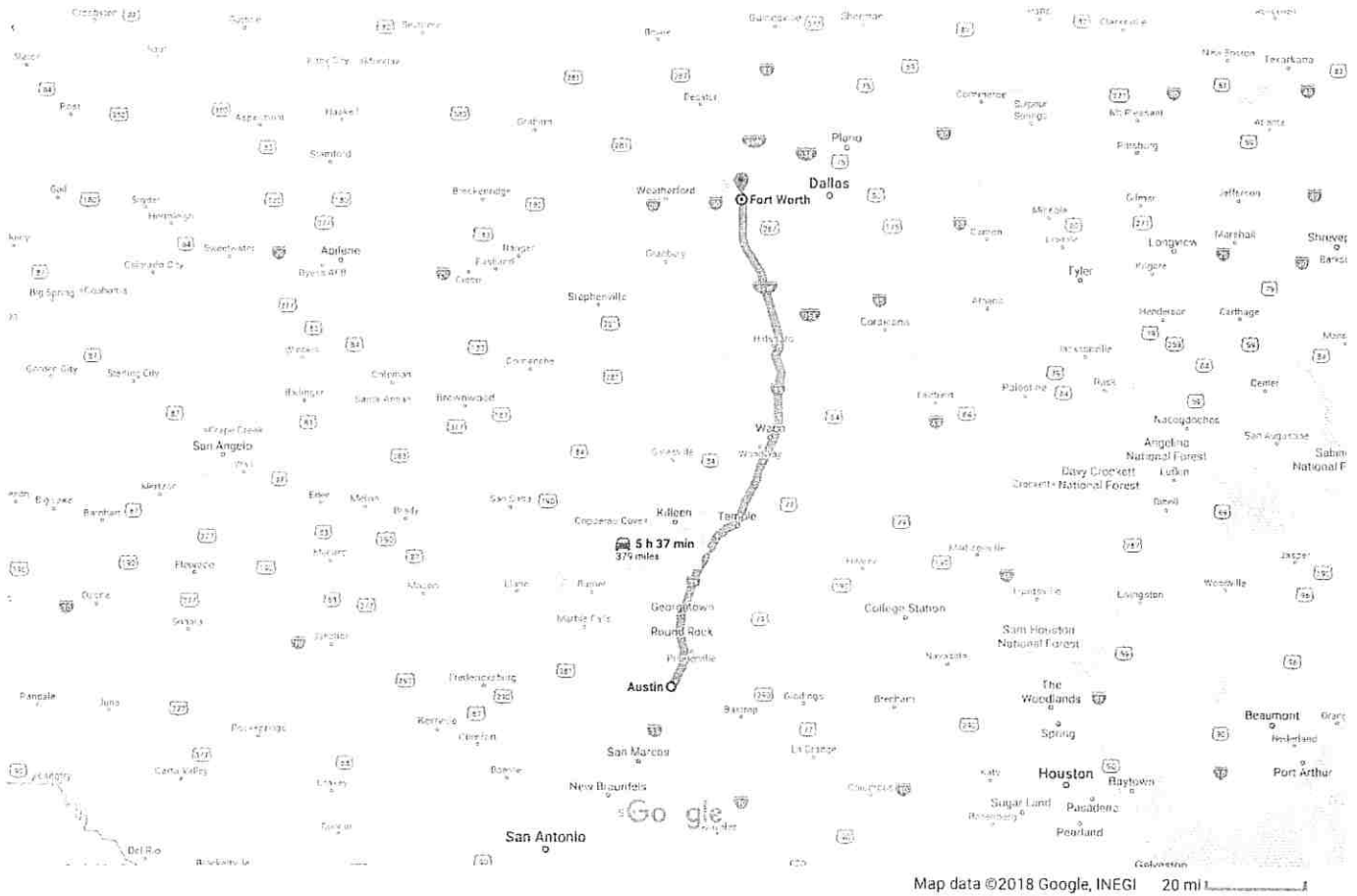
Employee's Vehicle	Rental Vehicle
Reimbursement: 2054.00 USD	Vehicle Rental: \$ 109.60 USD
	Refueling: \$ 31.67 USD
	Cost of Rental: \$ 141.07 USD

If taking personal car, claim this amount.

Google Maps

Fort Worth, TX to Fort Worth, TX
School to Conference location to School (DATES)

Drive 379 miles, 5 h 37 min
Map Roundtrip




Texas Hotel Occupancy Tax Exemption Certificate

Provide completed certificate to hotel to claim exemption from hotel tax. Hotel operators should request a photo ID, business card or other document to verify a guest's affiliation with the exempt entity. Employees of exempt entities traveling on official business can pay in any manner. For non-employees to be exempt, the exempt entity must provide a completed certificate and pay the hotel with its funds (e.g., exempt entity check, credit card or direct billing). This certificate does not need a number to be valid.

Name of exempt entity	Exempt entity status (Religious, charitable, educational, governmental)
Address of exempt organization (Street and number)	
City, State, ZIP code	

Guest certification: I declare that I am an occupant of this hotel on official business sanctioned by the exempt organization named above and that all information shown on this document is true and correct. I further understand that it is a criminal offense to issue an exemption certificate to a hotel that I know will be used in a manner that does not qualify for the exemptions found in the hotel occupancy tax and other laws. The offense may range from a Class C misdemeanor to a felony of the second degree.

Guest name (Type or print)	Hotel name
Guest signature 	Date

Exemption claimed

Check the box for the exemption claimed. See Rule 3.161: Definitions, Exemptions, and Exemption Certificate

- United States Federal Agencies or Foreign Diplomats.** Details of this exemption category are on back of form. This category is exempt from state and local hotel tax.
- Texas State Government Officials and Employees.** (An individual must present a Hotel Tax Exemption Photo ID Card). Details of this exemption category are on back of form. This limited category is exempt from state and local hotel tax. Note: State agencies and city, county or other local government entities and officials or employees are not exempt from state or local hotel tax, even when traveling on official business.
- Charitable Entities.** (Comptroller-issued letter of exemption required.) Details of this exemption category are on back of form. This category is exempt from state hotel tax, but not local hotel tax.
- Educational Entities.** Details of this exemption category are on back of form. This category is exempt from state hotel tax, but not local hotel tax.
- Religious Entities.** (Comptroller-issued letter of exemption required.) Details of this exemption category are on back of form. This category is exempt from state hotel tax, but not local hotel tax.
- Exempt by Other Federal or State Law.** Details of this exemption category are on back of form. This category is exempt from state and local hotel tax.

Permanent Resident Exemption (30 consecutive days): An exemption certificate is not required for the permanent resident exemption. A permanent resident is exempt the day the guest has given written notice or reserves a room for at least 30 consecutive days and the guest stays for 30 consecutive days, beginning on the reservation date. Otherwise, a permanent resident is exempt on the 31st consecutive day of the stay and is not entitled to a tax refund on the first 30 days. Any interruption in the resident's right to occupy a room voids the exemption. A permanent resident is exempt from state and local hotel tax.

Hotels should keep all records, including completed exemption certificates, for four years.

Do NOT send this form to the Comptroller of Public Accounts.

EDUCATION SERVICE CENTER
REGION 11

1451 S. Cherry Lane
White Settlement, TX 76108

Must be completed online

PNP Change Form

Please complete this form if you are making any changes to travel or conference.

Cheryl Grier

Must be completed online

-
- | | |
|---|---|
| - Private School Name | PNP Name |
| - Traveler: | Jane Doe |
| - Name or Workshop/Conference: | Example Training |
| - Start date of Travel/Conference: | 10/23/18 |
| - Changes to Event Details: | |
| - Changes to Flight Details: | |
| - Changes to Personal Vehicle/Rental Car Details: | No longer taking my personal car, rental car needed |
| - Changes to Hotel Details: | Need two rooms, they will not be sharing |
| - Other Changes: | |
| - Director's Signature | |

Please be aware the 10 day travel process starts over when any changes are made.

The SAVE button will submit this form to ESC Region 11. Please make sure it is complete before saving.

Contact Cheryl Grier at 817-740-3628 with any questions regarding this form.

Travel
Reimbursement
Sample

Check List for Reimbursement - Private Non-Profit

(This form is to be completed and submitted by the assigned PNP contact person to verify completion of the reimbursement paperwork. Please complete one check list for each reimbursement form submitted, within 5 days of travel.)

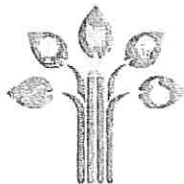
- Reimbursement Form
- W-9 (Name, Home Address, SS number and Sign)
- Meal Receipts (Itemized & No Alcohol or Gratuity)
- Hotel Receipt (Zero Balance & no state room tax if in Texas)
- Board Pass (Copy of paper or picture of screen shot if digital)
- Baggage Receipt
- Rental Car Receipt
- Conference Registration Receipt (If paid by participant)
- Shuttle, Uber or Taxi Receipt
- Other _____

Sign

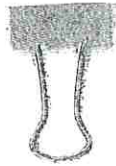
Date

Signed and Submitted by the PNP Contact

Date



ESC REGION 11
PRIVATE NON-PROFIT
SCHOOL SERVICES



EDUCATION SERVICE CENTER
REGION 11

1451 S. Cherry Lane, White Settlement, Texas 76108
 (817) 740-3600 Fax (817) 740-7600

Private Non-Profit Reimbursement Form

Payable To: _____ Last 4 of SS #: _____
 Complete Mailing Address: Home address
 Private Non-Profit School: --
 Title of Meeting/Training: _____
 Location: Charlottesville, VA *Date(s) (mm/dd/yy): July 12-14, 2018
 ESC Specialist: Cheryl Grier
 Justification of Expenditure: Professional Development
 Type of Reimbursement - Travel/Conference only Travel

Attached Receipts Check List						
Meal Receipts	Hotel Receipt	Conference Registration	Boarding Pass	Baggage Receipt	Rent Car Receipt	Cab/Uber Receipt
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						Per Diem
						<input checked="" type="checkbox"/>
						W-9
						<input checked="" type="checkbox"/>

MILEAGE: Based on ~~2017 IRS Standard Mileage Rates~~ OR local travel .545 per mile x _____ miles = MILEAGE: \$ _____

LODGING: ~~Maximum amount for lodging per night is state rate~~ LODGING: \$ _____
 Number of nights: _____

CONFERENCE REGISTRATION: REGISTRATION FEE: \$ _____

MEALS: Based on Per Diem
 Meal Allotment is \$ _____ per day - First & last day at 75% is \$ _____ per day MEALS: \$ 118.25 ✓

MISCELLANEOUS: Receipts must be attached.
 Baggage fee, Parking, Transportation (taxi/Uber/shuttle), other luggage + shuttle Misc: \$ 45.00
 TOTAL DUE: \$ 163.25

Signed: _____ Date: 7/24/18
 Signature _____ Date: 7/24/18
 Private Non-Profit Director/Superintendent

ESC Region 11 Use Only
 Approved: _____ Date: _____
 Director, Education Service Center Region 11

Approved: _____ Date: _____
 Business Office, Education Service Center Region 11

Expenditure Code: _____ Vendor #: _____
 Expenditure Code: _____

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
 See Specific Instructions on page 2.

1 Name (last, first, middle initial) John Doe

2 Business name/disregarded entity name, if different from above _____

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) > _____
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Other (see instructions) > _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (street, apartment, etc.) 123 Pecan St

6 City, state, and ZIP code Corpus Christi, TX 76011

7 List account number(s) here (optional) _____

Requester's name and address (optional) _____

Part I Taxpayer Identification Number (TIN)
 Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number																				
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000	00	0000																		
Or																				
Employer identification number																				
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Part II Certification
 Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here: John Doe Date: 1-15-18

General Instructions
 Section references are to the Internal Revenue Code unless otherwise noted.
 Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/irb.

Purpose of Form
 An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.
- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
 - Certify that you are not subject to backup withholding, or
 - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



2035 India Road • Charlottesville, VA 22901
 Phone (434) 978-7888 • Fax (434) 973-0436

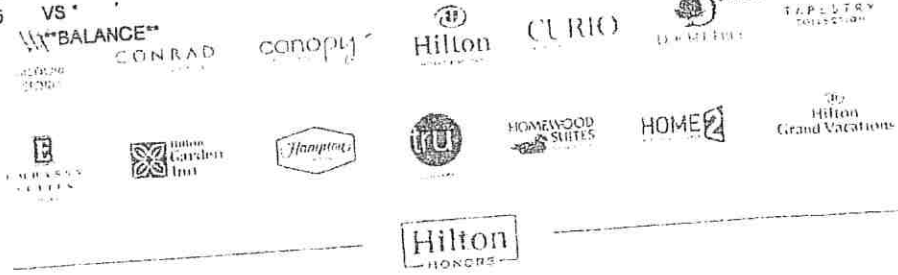
name address	room number: 214/KXTY	If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.
	arrival date: 7/11/2018 8:35:00 PM	
	departure date: 7/14/2018 7:35:00 AM	
	adult/child: 1/0	
	room rate: 128.00	
	Rate Plan: CVS	
	HH #	
	AL:	
	Car:	

Information Number:
14/2018

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. In the event of an emergency, I, or someone in my party require special evacuation assistance due to a physical disability. Please indicate yes by checking here:

signature:

date	reference	description	amount
7/11/2018	2096231	GUEST ROOM	\$128.00
7/11/2018	2096231	STATE TAX	\$6.78
7/11/2018	2096231	CITY TAX	\$8.96
7/11/2018	2096231	CITY TAX	\$128.00
7/12/2018	2096469	GUEST ROOM	\$6.78
7/12/2018	2096469	STATE TAX	\$8.96
7/12/2018	2096469	CITY TAX	\$128.00
7/12/2018	2096469	CITY TAX	\$6.78
7/13/2018	2096723	GUEST ROOM	\$8.96
7/13/2018	2096723	STATE TAX	\$128.00
7/13/2018	2096723	CITY TAX	\$6.78
7/13/2018	2096723	CITY TAX	\$8.96
7/14/2018	2096855	VS *	(\$431.22)
			\$0.00



thanks.

for reservations call 1.800.hampton or visit us online at hampton.com

account no.	date of charge	folio/check no.
card member name	authorization	initial
establishment no. and location <small>establishment agrees to transmit to card holder for payment</small>	purchases & services	
	taxes	
	tips & misc.	
signature of card member X	total amount	-431.22

Do not expose to excessive heat or direct sunlight.

STAPLE
HERE

AMERICAN AIRLINES BOARDING PASS

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT

AMERICAN AIRLINES

ISSUED AT: 14 JUL 18

PLACE OF ISSUE: CHARLOTTEVILLE

CLASS: AA 5016 M 14 JUL 358P

FLIGHT: CHARLOTTEVILLE

STATUS: FOR WLD EXPD - GET WLD AFTER

GROUP 8

SEAT 11F

AMERICAN EAGLE

BOARDING PASS

DOORS CLOSE 10 MIN PRIOR TO DEPARTURE

MA IN

00125148626576

001 2197505387 6

KTP / CHD

Do not expose to excessive heat or direct sunlight.

STAPLE
HERE

AMERICAN AIRLINES BOARDING PASS

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT

AMERICAN AIRLINES

ISSUED AT: 14 JUL 18

PLACE OF ISSUE: CHARLOTTEVILLE

CLASS: AA 2602 M 14 JUL 750P

FLIGHT: CHARLOTTE DALLAS FT WORTH

STATUS: FOR WLD EXPD - GET WLD AFTER

GROUP 8

SEAT 26F

AMERICAN AIRLINES

BOARDING PASS

DOORS CLOSE 10 MIN PRIOR TO DEPARTURE

MA IN

00125148626580

001 2197505387 2

KTP / CHD

Boarding Pass

American Boarding Pass Record Locator: ~~XXXXXXXXXX~~

Seat 13C

CLT → CHO
Charlotte to Charlottesville

Departing: Wednesday, July 11, 2018

Gate	Flight	Seat	Boarding Time (EDT)
E7	AA3890	13C	5:40 PM
Terminal --			Departing at 6:10PM (EDT)

More Flight Details  1h 15m

Arriving at 7:25PM (EDT)

 Main

Ticket: 0012197506327

Gates and terminals may change. Check aa.com/gates or see airport monitors for updates. Doors close 10 minutes before departure.

Need a hotel or rental car?
We have great deals on both! Visit aa.com/cars and aa.com/hotels for details.

7/11/18

Chick Fil A #141
DFW Airport
Dallas, TX

7-11-18

1075 Sheilsy B

CHK 4549 BILL
Jul 11 '18 10:37AM Gst 0

1 #5 Combo Med Unsweet Tea 8.27
Med Fry
XXXXXXXXXXXX

MasterCard 8.95
Subtotal 8.27
Tax 0.68
Payment 8.95

If we did or did not exceed your expectations, we would like to hear from you. Please call 800-426-5971 x1021 or email 141@hfcare.com or text 469-608-9569

MICHAEL'S DINER
3450 Seminole Trail #101
Charlottesville, Va. 22911
434-328-8039

DATE 07/14/2018 SAT TIME 13:20

FOOD T1 \$10.99
FOOD T1 \$1.99
TAX1 \$1.21
TOTAL \$14.19
CASH \$14.19

THANK YOU

CLERK 1 175157 00000
** REPRINT **

✓

✓

MAHARAJA FINE INDIAN CUISINE
 139 ZAN RD
 Charlottesville, Va 22901
 434-973-1110

11/18

Server: Inacio Station: 3

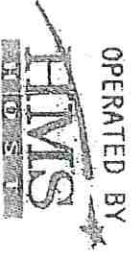
Order #: 147359 Table: 42 Dine In

1 LAMB BIRYANI 15.90
 hott
 1 NAAN 2.00
 Bar Subtotal: 0.00
 Food Subtotal: 17.90
 Tax 1: 1.85
 TOTAL: \$19.75 ✓

>> Ticket #: 37 <<
 7/11/2018 8:58:02 PM

20% Gratuity = \$3.58
 18% Gratuity = \$3.22

11/18



OPERATED BY
 PZA
 CHARLOTTE INTERNATIONAL AIRPORT

378563 Brandon
 CHK 6621
 JUL11 18 5:57PM
 TO GO

1 SLD CHIX GREENS 11.99
 SUBTOTAL 11.99
 TAX 0.99
 AMOUNT PAID 12.98 ✓
 AT065628
 MSTRCD CC 12.98
 --378563 Closed JUL11 05:57PM--

WE WANT TO HEAR YOUR FEEDBACK!
 PLEASE CONTACT 1-877-672-7467
 OR CUSTOMERSERVICE@HMSHOT.COM
 TO SHARE YOUR EXPERIENCE.

STOREID: CLTPZA01

YOUR ORDER NUMBER IS 5621

213-18



EBM POS3
400 EMMET ST N
CHARLOTTEVILLE, VA 22903

FRI JULY 13, 2018
CHECK # 130088-1
TABLE # 15

1 COMBO 2 \$12.95
1 Appt. Sampler \$6.95
SUB-TOTAL \$19.90
TAX \$2.04
TOTAL \$21.94 ✓

Time: 20:13 1 CUSTOMER

212-18

RHETT'S
River Gr-111 & Raw Bar
434-974-7818

Check / Pers Tbl Time Date
402498 / 1 7798 8:06:16 PM 7/12/2018

1	Calamari	12.00
1	Seafood Risotto	25.00

Sub Total 37.00
Sales Tax 3.44

TOTAL 40.44 ✓

Tip Guide
15.0% 5.55
18.0% 6.66
20.0% 7.40

We no longer charge an automatic gratuity to parties of any size. Based on your service experience please tip your server accordingly.

Thank You For Dining With Us.
We Appreciate Your Business!
(Bar Nite)
Your server will take your payment.

"Like" us on Facebook

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part II Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>					-	-	-	-
-	-	-	-					
or								
Employer identification number								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>					-	-	-	-
-	-	-	-					

Part I Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

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- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Grants Administration Division Justification of Specific Expenditure: Program-Related Out-of-State Travel

The costs of program-related out-of-state travel have been determined to have a programmatic purpose for this federal grant program and are specifically authorized in the program guidelines.

You must justify your plans to use these federal grant funds for program-related out-of-state travel. Complete and maintain this form locally to document the justification of your planned expenditure of federal grant funds on the costs of program-related out-of-state travel.

Limit one justification per form.

Name of Federal Grant

Name of Grantee County-District # Today's Date

Description of Proposed Program-Related Out-of-State Travel

Destination # of travelers Is travel a requirement of the federal grant program?

Describe the purpose of the program-related out-of-state travel.

Describe how the program-related out-of-state travel relates to the grant responsibilities of the traveler(s).

Describe the specific need, as identified in your comprehensive needs assessment, that this out-of-state travel addresses.