

# Support Service Worksheet

I, \_\_\_\_\_ CMS# \_\_\_\_\_ request assistance with:

ITEM	COST
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
Subtotal	\$
Tax	\$
Total	\$

### CALCULATE WEEKLY GAS ALLOWANCE

\_\_\_\_\_ x \_\_\_\_\_ x \$.20 = \_\_\_\_\_  
 # trips per week x # miles per trip x mileage rate = weekly gas allowance round to nearest \$10

Vendor \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Other resources available? Yes \_\_\_\_\_ list agency(s) and amount(s) \_\_\_\_\_

No \_\_\_\_\_

I understand this training/support service must be purchased within 30 days, and will be used to satisfy the needs indicated above.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### STAFF USE ONLY

Support \$ \_\_\_\_\_ Training Enhancement \_\_\_\_\_

Total To Date \$ \_\_\_\_\_ ITA \_\_\_\_\_

\_\_\_\_\_ OJT Contract # \_\_\_\_\_

\_\_\_\_\_ Other (Specify) \_\_\_\_\_

Trainer Approval \_\_\_\_\_ Training Manager Approval \_\_\_\_\_

LA \_\_\_\_\_ LD \_\_\_\_\_ LI \_\_\_\_\_ LO \_\_\_\_\_ SCHOOL DIST \_\_\_\_\_

RRAA/RRIE \_\_\_\_\_ NEG \_\_\_\_\_ Other \_\_\_\_\_