

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 program 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

_____ Training Enhancement

Support \$ _____ _____ ITA

Total To Date \$ _____ _____ OJT Contract # _____

_____ Other (Specify)

Trainer Approval _____ Training Manager Approval _____

LA _____ LD _____ LI _____ LO _____ SCHOOL DIST _____

RRAA/RRIE _____ NEG _____ Other _____