

ATTENDANCE SLIP

_____ ISD

Homebound Attendance Slip

Date: _____

Student: _____ Grade _____

Was seen during the week of _____ to _____
for a total of _____ hours.

Homebound Teacher

ATTENDANCE SLIP

_____ ISD

Homebound Attendance Slip

Date: _____

Student: _____ Grade _____

Was seen during the week of _____ to _____
for a total of _____ hours.

Homebound Teacher

WOODVILLE ISD

TIME SHEET FOR _____ / _____
 month year

EMPLOYEE: _____

Employee ID No.: _____

SIGNATURE: _____

DAY	TIME	HOURS
MONDAY	in: _____ in: _____ out: _____ out: _____	
TUESDAY	in: _____ in: _____ out: _____ out: _____	
WEDNESDAY	in: _____ in: _____ out: _____ out: _____	
THURSDAY	in: _____ in: _____ out: _____ out: _____	
FRIDAY	in: _____ in: _____ out: _____ out: _____	
SATURDAY	in: _____ in: _____ out: _____ out: _____	
TOTAL WEEKLY HOURS		

DAY	TIME	HOURS
MONDAY	in: _____ in: _____ out: _____ out: _____	
TUESDAY	in: _____ in: _____ out: _____ out: _____	
WEDNESDAY	in: _____ in: _____ out: _____ out: _____	
THURSDAY	in: _____ in: _____ out: _____ out: _____	
FRIDAY	in: _____ in: _____ out: _____ out: _____	
SATURDAY	in: _____ in: _____ out: _____ out: _____	
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THURSDAY	in: _____ in: _____ out: _____ out: _____	
FRIDAY	in: _____ in: _____ out: _____ out: _____	
SATURDAY	in: _____ in: _____ out: _____ out: _____	
TOTAL WEEKLY HOURS		

TOTAL MONTHLY HOURS: _____
 SICK DAYS: _____
 OTHER: _____

SUPERVISOR: _____

Tyler County Special Education Co-Op
Travel and Consultant Expenditures for Special Education-HOMEBOUND SERVICES

Name _____ Social Security Number _____

Address _____ From _____ To _____

Dates covered by this request - both inclusive

Type of Homebound Services

General Ed Homebound, Special Ed Homebound, General Ed PRS, Special Ed PRS

Personal car mileage _____ miles @ **56¢** per mile \$ _____

I certify that the list of expenses rendered above, totaling \$ _____ is a true and correct amount of expenditures necessary to carry out the purpose described.

Signature of Claimant

Director Signature

Business Manager

DATE	STUDENT NAME	STUDENT ID #	ACTUAL TIME Ex: 10:00 a.m. - 12:00 p.m.	MILEAGE

Total from attached pages (if necessary)
Total miles: _____

continued . . .

DATE	STUDENT NAME	STUDENT ID #	ACTUAL TIME Ex: 10:00 a.m. - 12:00 p.m.	MILEAGE

SCHOOL	MILEAGE
Colmesneil	22
Chester	32
Warren	26
Chester/Corrigan	68
Spurger	44
Chester/Colmesneil	41
Spurger/Fred	62
Spurger/Colmesneil	58
Region V	122
Region IV	230
Austin	525
Lufkin State School	130
Longview	164
Beaumont State Center	122
Silsbee Region V	90