

PAYMENT FOR SERVICES AS CASE MANAGER

Name: _____

Your Soc. Security Number _____
(or EIN-required for 1099 form)

Address: _____

School System: _____

Employee: _____

Hearing Dates: _____

Charges:

Mileage: _____ miles @ \$.55/mile

Travel Time: _____ hours @ \$75/hour

Hearing Time: _____ hours @ \$150/hour

Meals: _____

Lodging: _____

Postage: _____

Telephone: _____

Other: (Specify) _____

TOTAL \$ _____

Signature of Case Manager

Date Submitted

State Rates eff. 7/1/2009	
Breakfast	\$7.75
Lunch	\$10.10
Dinner	\$17.30
Hotel	\$65.90*
* plus tax	

Approved for Payment:	
_____	Date _____
Legal Affairs	
_____	Date _____
Fiscal Officer	

SEE BACK FOR INSTRUCTIONS

1. You must supply your Social Security Number so that we may prepare an IRS Form 1099 to report payments to you. In lieu of the Social Security Number, you may supply your firm's Employee Tax ID number.
2. Mileage between home/office and hearing site: \$.55/mile
3. Hearing time includes time spent organizing, preparing for and conducting hearing. It also includes time spent preparing Findings and Recommendations.
4. You must submit the **ORIGINAL RECEIPT** for lodging to be reimbursed for that expense.

Complete form, sign and date and return to:

Katie G. Cornetto
NC Department of Public Instruction
State Board of Education
6302 Mail Service Center
Raleigh, NC 27699-6302