

TITLE I/LAP EXPENDITURE FORM

SCHOOL: _____ DATE: _____

Title I Office Use Only:

TITLE I <input type="checkbox"/>	LAP <input type="checkbox"/>				
----------------------------------	------------------------------	--	--	--	--

ACTIVITY TITLE: _____ (Attach Agenda)

DATE: _____ TIME(S): _____

This form must be turned into the Title I/LAP office at least TWO WEEKS prior to the activity.

PROFESSIONAL DEVELOPMENT ACTIVITIES:	<input type="checkbox"/> Discretionary	<input type="checkbox"/> 10% Set Aside
Will Staff be paid? YES <input type="checkbox"/> NO <input type="checkbox"/> Certs #: _____ Class #: _____ Check 1 : Extra Work <input type="checkbox"/> Workshop <input type="checkbox"/> (See rate box)		
Substitutes Required? YES <input type="checkbox"/> NO <input type="checkbox"/> Number of Subs: _____ (Attach Completed Sub Release Form) <small>(Sub paperwork must be submitted to the Title I office at least TWO WEEKS prior to activity date)</small>		
Presenter Pay Required? YES <input type="checkbox"/> NO <input type="checkbox"/> Presenter Name: _____ <small>(Non TPS employees must have a contract through Tacoma Public Schools 4 weeks prior to providing services.)</small>		
<small>*List supplies and materials costs below</small>	TOTAL PROFESSIONAL DEVELOPMENT COSTS: _____	

PARENT INVOLVEMENT ACTIVITIES:	<input type="checkbox"/> Discretionary	<input type="checkbox"/> Parent Involvement
Anticipated Audience: Parents # _____ Students # _____		
Will Staff be paid? YES <input type="checkbox"/> NO <input type="checkbox"/> Certs #: _____ Class #: _____ Check 1 : Extra Work <input type="checkbox"/> Workshop <input type="checkbox"/> (See rate box)		
Childcare Name: _____ Interpreter Name: _____		
<small>*List Supplies and Materials Costs below</small>	TOTAL PARENT INVOLVEMENT COSTS: _____	

SUPPLIES AND MATERIALS:	<input type="checkbox"/> Discretionary	<input type="checkbox"/> Parent Involvement	<input type="checkbox"/> 10% Set Aside
Item _____ Cost _____ Store/Location _____			
Item _____ Cost _____ Store/Location _____			
Item _____ Cost _____ Store/Location _____			
Staff designated to purchase items: _____			
**ATTACH VENDOR FORM	TOTAL SUPPLIES AND MATERIALS COSTS: _____		

CONFERENCES/TRAVEL:	<input type="checkbox"/> Discretionary	<input type="checkbox"/> Parent Involvement	<input type="checkbox"/> 10% Set Aside
Conference Registration Cost: _____ (Attach Completed Conference Registration Form)			
Travel Location: _____ Dates: _____ (Travel Authorization Form must be Attached)			
Substitutes Required? YES <input type="checkbox"/> NO <input type="checkbox"/> Number of Subs: _____ (Attach Completed Sub Release Form)			
			TOTAL CONFERENCE/TRAVEL COSTS: _____

PRINCIPAL: _____ DATE: _____

TITLE I CONTACT: _____ DATE: _____

TITLE I APPROVAL: _____ DATE: _____

Hourly Rates*			
Cert ex wk: \$41.00	wkshp: \$33.00	Class ex wk & wkshp \$17.50	Hourly employee: \$12.20
Cert avg sub day: \$140	½ day: \$70	Class avg sub day: \$80	½ day: \$40
TPS Presenter \$53.00	Interpreter \$25.00	Childcare \$12.00	
*Use these figures for budget purposes only, not actual pay rate.			