



Non-Educational Expenditures Request Form

MEP Project: _____ Date: _____

Originating Staff Name: _____ Staff Position: _____

Student Name: _____ Grade _____ Age _____

Parent Name: _____ Phone number _____

City: _____ COE Number: _____

Type of Expense:

- | | | | |
|-----------------------------------|------------------------------------|---|--|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Dental | <input type="checkbox"/> Vision | <input type="checkbox"/> Physical Exam |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Materials | <input type="checkbox"/> Transportation | <input type="checkbox"/> Other |

Summary of Service Needed:

Total Amount Requested: \$_____

What would result if this request were not approved?:

Project Director submitting this request

Agencies contacted before submitting this form to the State Director:

1. Organization: _____

Amount Contributed: _____

Reason for Contribution: _____

How will the Contribution be received:

2. Organization: _____

Amount Contributed: _____

Reason for Contribution: _____

How will the Contribution be received:

3. Organization: _____

Amount Contributed: _____

Reason for Contribution: _____

How will the Contribution be received:

Approved/Disapproved

*State Director
Nebraska Title IC-Education of Migratory
Children Program*

Date