

Explanation/Correction of Student Transportation Costs of \$6,000+ (for Summer 2013 - forward)

Explanation/Correction of Student Transportation Costs of \$5,500+ (for Summers 2010-2012)

Verified and Stopped On-Line for Summer Section 4408 & 4201 Students

July/August _____ (Enter year) CSE District Code: _____

CSE District Name: _____ Date Returned to STAC: _____

Enter 6-digit STAC ID	Last Name, First Name	Education Provider Name	Original Trans Cost Verified	Corrected Verified Student Trans Cost**	Placement Type - 4408 Summer-DVSTR, 4408 Rel Serv-DVST2, 4201-DVST3, Chapter-DVSTC

**If corrected cost still is \$5,500/\$6,000, attach a copy of the student transportation invoice or a detailed calculation to support your transportation claim.

Signatures of Superintendent/Business Official and CSE Chairperson are required

_____	_____	_____	_____
Superintendent/Business Official Signature	Title	Telephone #	Date
_____	_____	_____	_____
CSE Chairperson Signature	Title	Telephone #	Date

Return by mail to:
 Nancy Sergeant
 STAC and Medicaid Unit
 89 Washington Avenue,
 Room 514 EB Albany, New York 12234
 or by Fax (518) 402-5047
 For questions call (518) 474-7116