

Explanation/Correction of Student Transportation Costs of \$6,500+ Verified with Pay Stops for Summer Section 4408 & 4201 Students

ENTER YEAR	CSE DISTRICT CODE	CSE DISTRICT NAME	DATE RETURNED TO STAC
July/Aug _____			___/___/___

STAC ID	RECORD NUMBER	STUDENT NAME (LAST, FIRST)	EDUCATION PROVIDER	VERIFIED ACTUAL STUDENT TRANS. COST**	TYPE		TRANSPORTATION VERIFICATION SCREEN
					District Operated	Contract	

****If corrected cost is greater than \$6,499, attach a copy of the student transportation invoice or a detailed calculation to support your transportation claim.**

THIS FORM MUST BE COMPLETED AND SIGNED BY:

- DISTRICT SUPERINTENDENT/SCHOOL BUSINESS OFFICIAL
- CSE CHAIRPERSON

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

**Return Electronically:
Upload to "inboxet"
in SED File Transfer Manager**

After uploading,
send notification email to:
OMSSTAC@nysed.gov

Attention: Dan Coughlin

Include Filename in Email!