STAC-705

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

Rev. 6/2021

| 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 | |
| | | | | | ☐ | ☐ | |
| | | | | | ☐ | ☐ | |
| | | | | | ☐ | ☐ | |
| | | | | | ☐ | ☐ | |
| | | | | | ☐ | ☐ | |
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| | | | | | ☐ | ☐ | |
| | | | | | ☐ | ☐ | |

****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 "inbasket"**
**in SED File Transfer Manager**

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

Attention: Tom Hitchcock

***Include Filename in Email!***