CSoC SCC STIPEND APPLICATION
Families Helping Families of Greater Baton Rouge

Consumers representing families on the SCC are eligible to apply for stipends and travel to attend SCC meetings. Please complete this form in its entirety and return to**: Sheila Jordan**, CSoC Family Lead, PO Box 4049 Bin #12, Baton Rouge, LA 70821. For more information, call (225) 342-0330. You may also fax the completed and signed form along with required documentation [(if requesting mileage, Mapquest), hotel receipts] to F**ax # 225-342-3931.**

First Name **Last Name**

Street Number **Street Name** **City** **State** **Zip Code**

Home Phone **Work Phone** **Cell Phone** **Parish** **Region**

SCC Meeting Date: **Meeting Location: Baton Rouge, LA**

Method of Participation (check one): ___ In person ___ By teleconference ___ By videoconference

If attendance was in person: Date and time of departure for the meeting: _____

Date and time of arrival from the meeting: _____

$ _____ Participation Stipend ($10/hour of meeting time)

$ _____ Travel Stipend ($5/hour of driving time) Driving time per Mapquest _____ hours x $5/hour

$ _____ Mileage Number of miles one way per Mapquest _____ x 2

$ _____ Hotel Accommodations (State hotel rate or less. Total cost of hotel including taxes is allowable. Do not include room services/calls home. RECEIPT NEEDED)

$ _____ Meals (Give Quantity of Each) ___ x $8 = ____Breakfast ___ x $12 = ____Lunch ___ x $21 = ____Dinner

Meals are not eligible for reimbursements on single day travel.

Travelers may be reimbursed for meals according to the following schedule**:**

Breakfast: When travel begins at/or before 6 a.m. on the first day of travel or extends at or beyond 9 a.m. on the last day of travel, and for any intervening days.

Lunch: When travel begins at/or before 10 a.m. on the first day of travel or extends at or beyond 2 p.m on the last day of travel, and for any intervening days.

Dinner: When travel begins at/or before 4p.m. on the first day of travel or extends at or beyond 8 p.m. on the last day of travel, and for any intervening days.

$ _____ Other… Please specify

Total Amount Requested **Amount Approved** **Initials of staff** **Response Date**

_____ _____ _____ _____

Signature of Applicant **Date**