

## **COST CLAIM FORM**

100 North First Street Springfield, Illinois 62777-0001

## SPECIAL EDUCATION DEPARTMENT

SECTION I			
DISTRICT NAME	DISTRICT RCDT		
STUDENT NAME	STUDENT SIS NUMBER		
FACILITY NAME	FACILITY CONTACT NAME		
DISTRICT CONTACT NAME	DISTRICT CONTACT EMAIL	DISTRICT CONTACT PHONE	
FACILITY CONTACT EMAIL	FACILITY CONTACT PHONE		
FIRST DATE FOR REIMBURSEMENT CLAIMED (Month, Day, Year)	END DATE FOR REIMBURSEMENT CLAIMED (Month, Day, Year)		
OFOTION II			

## SECTION II

**Documentation of Costs Eligible for Reimbursement:** The district must complete Form 51-77A when Form 51-77 is initially submitted for approval, and each month thereafter for any subsequent requests. It is the responsibility of the district to ensure that only allowable expenditures are included in the amount below as indicated on Form 51-77. ISBE reserves the right to ask the district to provide additional documentation to ensure only allowable expenses are included. The district will not be able to receive reimbursement for any costs or dates that exceed the amount specified in the due process hearing officer's order. The district must submit a school calendar and a facility calendar if less than 365 days in the residential calendar. If at any time the facility becomes an approved facility under 23 III Admin Code 401, the district shall submit Form 34-37 instead of Forms 51-77 and 51-77A.

DATE OF INVOICE	ROOM AND BOARD COST PAID BY DISTRICT	NUMBER OF ROOM AND BOARD CALENDAR DAYS	ROOM AND BOARD DAILY RATE	TUITION COST PAID BY DISTRICT	NUMBER OF SCHOOL ENROLLMENT DAYS	TUITION DAILY RATE	COST FOR INDIVIDUAL AIDE PAID BY DISTRICT