Use your "Mouse" or "Tab" key to move through the fields, and the mouse to mark check boxes. After completing last field, save document to hard drive to make future updates or click print button.

Be sure to update to Adobe Reader 9 prior to beginning form.

SITE LOCATION

ILLINOIS STATE BOARD OF EDUCATION
Division of Funding and Disbursement Services
100 North First Street, E-320
Springfield, Illinois 62777-0001

REGULAR TERM
☐ OFF-SITE PROGRAM
☐ REGULAR ATTENDANCE CENTER

ORPHANAGE TUITION — 18-3 EXCESS COST CLAIM FOR 20____- 20____
-Students with Services that Require Excess Costs-
(Section 18-3, the School Code)

REGION, COUNTY, DISTRICT, TYPE CODE	NAME OF CONTACT PERSON
DISTRICT NAME AND NUMBER	TELEPHONE (Include Area Code)

STUDENT NAME	BIRTH DATE	DESCRIPTION	AMOUNT INTENSITY	HOURS	COST
				TOTAL	0

ISBE 54-37 B (4/09)

Print Reset Form