

KFCC Census Taker Services Payment Request

I. Services Rendered

Name _____ SSN _____

Address _____ City _____, KY Zip _____

Project Title: KY Foster Care Census Budget Code _____

County of Residence _____ University enrolled _____

Services Provided: Census interviews, data recording and reporting.

Dates of Services	Form ID #	Verified by Faculty (✓=yes)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. Amount Due

Total Number of Completed Cases _____ x \$ 50 = \$ _____

Travel Expenses (Attach completed ECU Travel Voucher) = \$ _____

Per Diem Expenses (e.g., lodging, meals) = \$ _____

(Attach completed ECU Travel Voucher w/faculty approval.

Not to exceed state regulations and subject to ECU travel policy)

Other Pre-Approved Expenses (e.g., long distance calls) = \$ _____

(Attach completed ECU Travel Voucher w/faculty approval)

Total = \$ _____

III. Approval

Student Census Taker Signature

Date

Faculty Signature

Date