

SOMATIC EXPERIENCING® TRAINING COORDINATOR'S EXPENSE WORKSHEET

NAME: _____

DATE SUBMITTED: _____

ADDRESS: _____

E-MAIL: _____

SOCIAL SECURITY #: _____

TRAINING LEVEL: _____

TRAINING LOCATION: _____

TRAINING DATES: _____

INSTRUCTOR(S): _____

	# OF STUDENTS	AMOUNT PER STUDENT	AMOUNT DUE *
COORDINATING COMPENSATION:		\$50.00	\$0.00

(*1099 AMOUNT)

FHE USE ONLY	
1099 AMOUNT	\$0.00
EXPENSES	\$0.00
LESS ADV. PAYMENTS	\$0.00
TOTAL AMOUNT PAID	\$0.00
AUTHORIZATION FOR PAYMENT	DATE

VENDOR / STORE / DESCRIPTION	DATE(S)	AV / MEDIA	POSTAGE	COPIES	SUPPLIES	SNACKS	MILEAGE	OTHER
TOTAL EXPENSES:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

TOTAL COMPENSATION	\$0.00		COORDINATOR'S SIGNATURE:
TOTAL EXPENSES	\$0.00		
TOTAL AMOUNT	\$0.00		