

308/95 ENROLLMENT FEE COLLECTION AND WAIVERS ENROLLMENT FEE WORKLOAD STATISTICS REPORT

District: San Mateo CCCD

The following cost accounting statistics will be used to calculate your reimbursement. Please report the required information in the spaces provided.

Statistical Data	FISCAL YEARS							
	98-9	99-0	00-1	01-2	02-3	03-4	04-5	05-6
1. Number of enrollment fee accounts receivable requiring collection:								
Summer								
Fall								
Winter/Intersession								
Spring								
Total								
2. Number of enrollment fee refunds processed as a result of change in waiver eligibility								
Summer								
Fall								
Winter/Intersession								
Spring								
Total								

EMPLOYEE CERTIFICATION: The State of California requires that school district personnel maintain a record of data for state mandates in order for the district to receive reimbursement. Your signature on this form certifies that you have reported actual data or have provided a good faith estimate which you "certify (or declare) under penalty of perjury under the laws of the State of California to be true and correct based on your personal knowledge or information." This information is used for cost accounting purposes only. PLEASE USE BLUE INK

Employee Signature: _____ Date _____

Employee Name: (print) _____ Position or Title _____

If you have any questions, please contact Raymond Chow, at 6742.

PLEASE SUBMIT THIS INFORMATION BY _____; TO Suki Chang.