DeWitt-Lavaca Special Education Cooperative

Long Distance Phone Log

NAME _____ DATE (Mo/Yr) _____

Date		Time			Number Called/Faxed		Nature of Call/Fax

This is a true and accurate statement to the best of my knowledge and belief.

Employee Signature _____ Date _____

Submit this completed document to the DLSEC Budget Department by the third business day following month-end.