

Stipend Payment Form

Employee Name _____

Employee Position _____ School _____

Proposed Stipend \$ _____ Date _____

Work to be performed

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| |

Stipend Approval

| | | |
|--|---------------------|----------|
| The above mentioned work and stipend amount has been approved to be performed. | | |
| _____ / ____ / ____ | _____ / ____ / ____ | \$ _____ |
| Dept. Signature/Date | BOE Approved Date | Amount |

Employee's Request for Payment (Forward to Department for Further Approval)

| | |
|--|---------------------|
| I certify that all work requested has been performed and submitted to the appropriate person/department. | |
| _____ / ____ / ____ | _____ / ____ / ____ |
| Employee Signature | Date |

For Office and Payroll Use Only

| | |
|---|---|
| I authorize payment to the above named employee for the amount indicated. | |
| _____ | Account to be charged _____ - _____ - _____ - _____ |
| Administrator's Signature/Date | |
| _____ | |
| Superintendent's Signature/Date | |