

Stipend Authorization Form for Athletic Events

Lackawanna City School District

245 South Shore Blvd.
Lackawanna, New York 14218

Employee: _____

Address: _____

Social Security #: _____

| Date | Athletic Event | Position | Amount |
|------|----------------|----------|--------|
| | | | |

Employee signature

Date

Supervisor signature

Date

A 2855 160 00 0000

BUDGET CODE