

**FRANKLIN PARISH SCHOOL BOARD**

**Stipend Payment Request**

Stipend# \_\_\_\_\_ Date: \_\_\_\_\_ School/Dept.: \_\_\_\_\_

FUNDING SOURCE (Circle One):

General Fund, Title I, Title II, Vocational Ed. (Carl Perkins), Vocational Ed. (Local), IDEA, Pre-School, E.S.Y.P.

8g Program: \_\_\_\_\_, Reading First, Tobacco Funds, LINCS, \_\_\_\_\_

GL Code: \_\_\_\_\_ - 150 \_\_\_\_\_ EIC Code \_\_\_\_\_ / \_\_\_\_\_

**To: Payroll Department**

Please pay the attached stipend/workshop titled: \_\_\_\_\_

Date attended: \_\_\_\_\_ Total Amount: \_\_\_\_\_

**Approved for Payment:**

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Business Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

Workshop Title: _____						Date			
Workshop Location: _____						Time:			
Attendees: * Failure to put Employee ID may result in delay of payment.									
	Name (Print)	Job Title	School	Employee ID#* (Not SS#)	Time In	Time Out	# Hours	Pay	
Ex.	John Doe	Teacher	AAA	1234	8:00 am	11:00 am	3	20.00	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
DO NOT WRITE BELOW THIS LINE								<b>Total Payroll</b>	