

Liberty County Schools

Stipend Form

<b>Project/Course:</b>	
<b>CSIP Goal:</b>	
<b>Date(s):</b>	
<b>Time:</b>	
<b>PRINT Name:</b>	
<b>Employee ID Number:</b>	
<b>School:</b>	

Participant Signature

Date

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To be completed by trainer/facilitator:

I verify the above named teacher participated in the project and completed all tasks related to the project successfully.

Trainer / Facilitator Signature

Date

- Stipend is awarded upon successful completion of the project.

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To be complete at the Central Office:

<b>Total due to individual:</b>	<b>\$</b>
<b>Account #:</b>	
<b>Date check(s) issued on:</b>	

Approved for Payment

Date