

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								Total Payroll	