ALAMANCE-BURLINGTON SCHOOL SYSTEM
STIPEND PAYMENT REQUEST

Name of workshop: _____

Date(s) of workshop: _____

Signature authorizing payment: _____

Name of individual authorizing payment: _____

School/Department: _____

Daily rate of stipend: _____

Account Code: _____

Employee Name:	Employee ID:	# Days Attended:	Total Amount:

For Finance Department Use Only

This instrument has been preaudited in the manner required by the School Budget and Fiscal Control Act.

_____ _____

Finance Officer Date