

RICHLAND PARISH SCHOOL BOARD

STIPEND PAYMENT REQUEST

Requisition # _____ Date: _____ School/Dept _____

Fund (Circle One):

General Fund, Title 1, Title 1 C/O, Title 2, Title 2 C/O, Title 4, Title 6, Vo Ed (Carl Perkins)
Vo Ed (Local), Sales Tax Reserve, Sales Tax Distr., School Lunch, Pupil Appraisal, Special Education,
Infant/Toddler, Sp Ed Ext School Year, Const District # _____ 8 g Program _____
Other Programs _____

Expenditure Category: _____

To: Payroll Department

Please pay the attached stipend/workshop: Title:

Date Attended _____ Amount: _____ Supervisor: _____

Approved for payment:

Business Manager: _____ **Date:** _____

Superintendent: _____ **Date:** _____

Fund Code: _____

WORKSHOP TITLE: _____ **DATE:** _____

Attendees Name:	Employee ID #	# Hours	Pay
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
	TOTAL PAYROLL		