

**CARTERET COUNTY SCHOOLS
STIPEND FORM**

TO: PAYROLL / FINANCE DEPARTMENT

FROM: _____

REQUEST STIPEND FOR _____

Please Issue Stipend To the Following Employees:

Social Security Number	Employee Name	Dates of Attendance Month												Total Days Attended	Rate of Pay Per Day	Total Amount of Pay Requested

The above payments are for an approved activity in compliance with State and Local Guidelines.

Date Submitted

Signature of Director / Principal

Account Code to Pay From _____