

STIPEND REIMBURSEMENT FORM

Your Name _____

Workshop Name _____

Workshop Date(s) _____

Attended ___ days or ___ hours

Amount \$ _____ District required ___ Yes ___ No

Will the school district be reimbursed? Yes ___ or
No ___?

If, yes by whom? _____

I hereby certify the stipend listed above was occurred by me on
official business of the Gibbon Public Schools District.

Signature of Employee _____ Date _____

Signature of Building Principal _____ Date _____

Principal complete: Account # _____

Form Procedures:

- 1)Employee complete form, sign and attach registration form (etc.) for the workshop.
 - 2)Employee gives form to the Principal.
 - 3)Principal sign and complete account # to be expensed.
 - 4)Principal give form to Admn. Asst.
- *Employee will be reimbursed through payroll on the 15th of the next month after attending the workshop, if the form is submitted promptly (by the last day of the month).