

# 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 15<sup>th</sup> of the next month after attending the workshop, if the form is submitted promptly (by the last day of the month).