

Winn Parish School Board
Stipend Pay

Stipend No. _____

Workshop Title/Topic _____

Workshop Date _____ Number of Workshop Hours _____

Presenter _____ Location/School _____

Funding Source _____

Amount Per Person _____ Total Amount to Disperse _____

General Ledger Account # _____

Authorized by _____ Date _____
Signature of Principal and/or Supervisor

NAME	EMPLOYEE NUMBER	NAME	EMPLOYEE NUMBER

*****Attach agenda. If this form is not used as sign-in sheet, then attach original sign-in sheet.**