

PO BOX 369
804 GOLF COURSE ROAD
MCLEANSBORO, IL 62859

EMPLOYEE STIPEND PAYMENT FORM

NAME _____

IN PAYMENT OF _____

PARTICIPATION DATE _____

HOURS _____

RATE _____

STIPEND AMOUNT _____

SIGNATURES

EMPLOYEE _____

ADMINISTRATOR _____

SUPERINTENDENT _____

UNIT OFFICE USE ONLY

CHARGE TO _____

ACCOUNT# _____