



Perquimans County Schools

Stipend Payment Form

Name of Employee: _____ SSN #: xxx-xx- _____

Address: _____

Date(s) of Activity: _____

Coordinator: _____

Sponsoring Agent: _____

Program: _____

Brief Description of Activity: _____

Daily Rate of Pay: \$ _____ X _____ = Total Stipend Amount \$ _____
(# of days)

Employee Signature _____ Date _____

Approved By: _____ Date: _____

Budget Code: _____

