STIPEND REIMBURSEMENT REQUEST

SCHOOL NAME: _____

MEETING DATE: _____ STIPEND RATE: _____

DESCRIPTION OF VISIT OR CONFERENCE: (If possible, attach a copy of program.)

Printed Name	Signature	Hours Attended

TOTAL REIMBURSEMENT _____

_____ _____

APPROVED-LOCAL BOARD OF CONTROL MEMBER DATE

_____ _____

APPROVED - SYSTEM DIRECTOR DATE

(Adopted 8/10/93) (2d/stipreim.frm)