DARLINGTON COUNTY SCHOOL DISTRICT

Payroll Stipend Form

****TO AUTHENTICATE ORIGINALITY - PLEASE USE ONLY BLUE INK****
MUST BE HANDWRITTEN

Activity / Event: _____ Amount of Stipend: _____Per Day

School/Location: _____

Employment Status: Professional / ParaPro / Classified

***Request for Stipends to be paid to the following people for their participation in the above stated activity, workshop, or conference not held during regular contractual agreements.**

Name of Participant	Employee ID Number	Dates Attended	Total Amount of Stipend

Account Number: _____-_____-_____-_____-____ **Amount: $** _____

Account Number: _____-_____-_____-_____-____ **Amount: $** _____

Account Number: _____-_____-_____-_____-____ **Amount: $** _____

Total Amount: $ _____

_____ _____

Principal Signature **Date**

****TO AUTHENTICATE ORIGINALITY – PLEASE USE ONLY BLUE INK****

Revised 5/11/16