SANTA MARIA INDEPENDENT SCHOOL DISTRICT
11119 MILITARY ROAD/PO BOX 448 * SANTA MARIA, TEXAS 78592
956-565-6308 (OFFICE) * 956-565-0598 (FAX) * HR@SMISD.NET

Academic Stipend Payment Request

TG Elementary **Middle School** **High School**

Date of Submission: ____/_____/20____ **Principal Signature:_____**

Name of Employee	Last Four of SSN	Stipend Request	Amount

UIL SPONSORS/COACH – NEED TO SUBMIT PROOF OF ATTENDANCE OR SCHEDULE
ACADEMIC STIPEND FORM MUST ACCOMPANY STIPEND PAYMENT REQUEST FORM FOR EACH ENTRY
USE ADDITIONAL SHEETS AS NEEDED