

McLean County Public Schools
P. O. Box 245
283 Main Street
Calhoun, Kentucky 42327

Check No. _____
Employee No. _____
Funding Source: _____
Amount Paid \$ _____
Date Paid: _____

STIPEND/EXTRA SERVICE REQUEST

NAME OF EMPLOYEE: _____

SCHOOL: _____

All requests must be promptly made out in required form. A properly prepared request shows exact kind of extra services rendered, where, when and by whom was it performed. Employee also must sign request form.

Date of Service	Funding Source	Munis Code	Extra Service Performed	Amount
				\$

Employee's Certification

I hereby certify that the above is a correct statement concerning the workshop attended or extra services rendered to the McLean County Board of Education as itemized.

Employee Signature: _____

Administrator Signature: _____

Approved for Payment by District Finance Director: _____