

STIPEND TIME SHEET

DATE: _____

SCHOOL: _____

NAME: _____
(Please Print)

BUDGET CODE: _____

POSITION : _____

BOARD APPROVAL DATE: _____

ACTIVITY DESCRIPTION	DATE	IN	OUT	# HOURS	RATE	TOTAL	SIGNATURE

TOTAL _____

NOTE: If this payroll is associated with:
a) Team meeting, please attach a copy of the agenda and minutes.
b) Student activities, please attach the students' attendance form.

PRINCIPAL: _____

DATE: _____

ASST. BUSINESS ADMINISTRATOR: _____ DATE: _____

DIRECTOR: _____

DATE: _____