

# Harrison County Schools Professional Staff Development

## REQUEST FOR PAYMENT FORM

Session Title: \_\_\_\_\_

Session Date: \_\_\_\_\_ Session Time: \_\_\_\_\_

Location of Session: \_\_\_\_\_

Presenter's Name: \_\_\_\_\_

Proposer's Name: \_\_\_\_\_

Amount Requested:

\$\_\_\_\_\_ Personal (Stipend)

\$\_\_\_\_\_ Materials, Registration, etc...

If a substitute was used, please provide your job code number and the substitute's name.

\_\_\_\_\_  
Substitute's Name

\_\_\_\_\_  
Job Code Number

(Please attach an itemized invoice if applicable. Stipends to Harrison County Board of Education employees do not require an invoice.)

Check Payable to: \_\_\_\_\_ Identification No: 933\_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Check One: \_\_\_\_\_ Harrison County Board of Education employee

\_\_\_\_\_ Outside Vendor

Is this the last check requested for this project? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Send form to **Professional Development Council @** County Office