

2010-2011  
HARRISON COUNTY PROFESSIONAL STAFF DEVELOPMENT  
REQUEST FOR PAYMENT FORM

Name: \_\_\_\_\_

School Location: \_\_\_\_\_ Email: \_\_\_\_\_

Title of the Session: \_\_\_\_\_ Date of Session: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Personnel (Stipend)  
\_\_\_\_\_ Materials, registration, etc.

Attach an itemized invoice if applicable. Stipends to Harrison County Board of Education employee do not require an invoice.

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

Job Code Number: \_\_\_\_\_ Substitute's Name: \_\_\_\_\_

Check payable to: \_\_\_\_\_

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

Harrison County Employee Identification Number: (Example: #933001234) \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit form to:  
Professional Staff Development Council @ the County Office