

**Harrison County Professional Staff Development
Request for Payment Form**

Title of the Project _____

Date of Presentation _____

Session Number _____

Amount Requested:

A. _____ Personnel (Stipend)

B. _____ Materials, Registration, etc.

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

Substitute's Name _____ 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 _____

Address _____

Social Security Number _____

Check One _____ Harrison County Board of Education member

_____ Outside Vendor

Is this the last check requested for this project? _____ Yes _____ No

Supervisor's Signature _____

Submit to John Babyak, Staff Development Office, Central Office Complex

Revised 11/30/05