

Birmingham City Schools  
 Human Resources Department  
**STIPEND PAYMENT REQUEST**

Department Head:	Date:
Name of Workshop:	
Stipend Amount:	Per day/: <span style="float: right;">Per hour/:</span>
Date(s) of Workshop:	Time:

Employee Number	Name	School	Cost Center	Certified Y/N

\_\_\_\_\_  
Principal/Supervisor/Department Head

\_\_\_\_\_  
Chief Financial Officer

\_\_\_\_\_  
Chief Human Resource Officer

\_\_\_\_\_  
Director – Federal Programs \*(Only if Title I Funded)

**General Ledger Number :** \_\_\_\_\_

**Initial** \_\_\_\_\_

Employee Number	Name	School	Cost Center	Certified Y/N

Initial \_\_\_\_\_