

LTMS PTO – TEACHER STIPEND REQUEST FORM (revised 8/2010)

Please submit requests by January 15.

Teacher Status?

- returning part time teacher - \$25 allowance
- returning full time teacher - \$50 allowance
- new teacher - \$100 allowance

Requester(s): _____ date: _____

If request is for more than one teacher pooling funds, list all names and have all sign below.

Contact e-mail address: _____

Check payable to: _____

Check will be placed in teacher mail box unless other arrangements are requested.

Item	Amount *

* sales tax cannot be reimbursed

Grand Total = \$ _____

Signature of requestor(s):

(1) _____ (4) _____

(2) _____ (5) _____

(3) _____ (6) _____

----- **Treasurer's Notes** -----

Date received: _____

- Request includes documentation such as receipt or invoice
- Eligibility has been verified.

CHECK STUB TO BE ATTACHED TO THIS DOCUMENT

Notes: _____