



NORTHEASTERN CLINTON CENTRAL SCHOOL DISTRICT
CHAMPLAIN, NEW YORK 12919

CLAIM FORM – ADVISOR STIPEND

This is to certify that I, _____, have worked in the following capacity

DATE	POSITION REQUESTING STIPEND FOR:	AMOUNT OF STIPEND:

Signed: _____ Date: _____

Approved By: _____ Date: _____
Supervisor's Signature

**Payroll claim forms must be received by the payroll office by the Thursday preceding the week
paychecks are issued.**

Forward completed form(s) to:

Kelsey Monette, School Personnel Specialist
Middle School Building, Champlain

FOR OFFICE USE ONLY

PAYROLL NO. _____ DATE: _____

TOTAL STIPEND AMOUNT = \$ _____

AUTHORIZED: _____ BUDGET CODE: _____