STIPEND COVER SHEET

If you are submitting more than one stipend reimbursement request, please include this cover sheet to total your total amounts. Please be sure to also submit an individual stipend reimbursement request form, proof of payment, a detailed list of the individual's role (including dates of events). If you would not like to request reimbursement for employer taxes up to 7.65%, please do not include those amounts.

School Name & District: _____

Check Made Out To: _____

Mailing Address: _____

Individual Name	Type of Stipend (Coach, Advisor, Liaison)	Employer Taxes Not to exceed 7.65%	Total

Total Amount:

Please save this document as **Invoice_YourSchoolName_Date.pdf** and email to UCS@SONJ.org with receipt or original invoice and proof of payment. Please only send PDFs.

Stipend Reimbursement

School Name & District: _____

Check Made Out To: _____

Mailing Address: _____

Amount of Employer's Taxes (not to exceed 7.65%): _____

Stipend Paid To	Type of Stipend	Amount of Stipend

Total Amount:

Please include taxes if you're requesting that amount be reimbursed

Please share a detailed description of this individual's role, including all meeting/ event dates. You're welcome to include a separate document if that's easier.

Please save this document as **Invoice_YourSchoolName_Date.pdf** and email to UCS@SONJ.org with proof of payment from the school district to the individual. Please only send PDFs.

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