

Stipend Justification Form

Please fill out completely as all information below is needed for accurate payment. Thanks.

Adoption: 2019-2020 Instructional Materials Adoption State Expert Reviewer

Number of Bids Completed: _____

Participant's Name (**full legal name**): _____

Social Security #: _____ Email: _____

Home Address: _____
(street/box)

Home Address: _____
(City) (State) (Zip)

Home or Cell Phone #: _____ Office Telephone #: _____

To Be Completed By Staff:

<u>BID # AND NAME:</u>	<u>PUBLISHER:</u>	<u>AMOUNT: (\$330 Each)</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TOTAL: