



HARRISON HILLS
 CITY SCHOOL DISTRICT
 HOME OF THE HARRISON CENTRAL HUSKIES

STIPEND VERIFICATION INFORMATION
LPDC CONSORTIUM MEMBERS

Participant's Name _____ Stipend Amount \$95.00/meeting
 Home Address _____ Social Security # _____
 City, State Zip _____

Participant's Activity / Service:

Attendance at the LPDC Consortium Meeting as a Local District Representative

Dates of Activity / Service:

_____ August	_____ January
_____ September	_____ February
_____ October	_____ March
_____ November	_____ April
_____ December	_____ May
	_____ June

TIMESHEETS ARE DUE BY DECEMBER 20 (AUG-DEC) AND JUNE 20 (JAN-JUNE), ANNUALLY

Signature of Participant

Approved By
