**This needs to identify the school/district; you might want to print on school letterhead. \*\*ALL HIGHLIGHTED AREAS NEED TO BE AMENDED OR DELETED\*\***

Teacher Stipend Worksheet

This report must be completed and signed by a Supervisor with first-hand knowledge of the activities. The information provided is a requirement mandated by the federal government, 2 C.F.R. Part 225 (formerly Office of Management and Budget (OMB) Circular A-87).

Conference/Training Title and Date

|  |  |
| --- | --- |
| **Teacher Name** | **Stipend Amount** |
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This is to certify that, to the best of my knowledge, the above named teachers spent 100% of their stipend time for the period

 to , 20 engaged in allowable Perkins activities and were paid with Perkins federal grant funds.

Print Signature/Date

Supervisor with firsthand knowledge of work teachers performed

\*\*\*This form has been saved in word format for your convenience in amending to fit the needs of your district. Please delete this note section and amend highlighted areas to reflect accurate information, when accounting for the employee’s stipend time and effort\*\*\*

Updated: 1/30/2017