

## Stipend Request Form

All information below has to be filled out for tax purposes and stipend reviews. Please send or give forms to the AVUTA Treasurer; Michelle Roland @ PA email address:

<u>micnelleroland.avuta@gmail.com</u>									
Last Name:		First Name:			Initial:				
Address:		City:		State		ate/Zip Code:			
AVUTA Paid Pos Positions listed m		ring this stiper	nd pe	eriod in order to g	et paid				
1.									
2.									
3.									
4.									
		Meeting	Dat	es Attended					
		oresentative uncil		Committee		School Board/Conference/Other			
By signing below, you are affirming that you have met your job duties and attendance requirements. (8 meetings for Executive Board, 4 meetings for Representative Council, and 4 Committee meetings) in order to receive this stipend from AVUTA.									
School Site: Social Securit		y Number: Signature:				Date:			
	1								