



Request for Professional Development Stipend Payment

Teacher Information		
Name: School: CCIHS Course Taught:		
Course Information		
Course Title: Course Number: Institution Offering Course: Number of Credits:		
Reimbursement		
Total stipend request amount: \$		
Please review your pre-approved request for total eligible reimbursement amount.		
Required Attachments		
<input type="checkbox"/> Supporting statements: 1) Official grade report. 2) Proof of paid tuition.		
Review and Signatures		
The College Credit in High School Director will send e-mail notice once the professional development stipend staged for payment. Recipients of professional development stipends are solely responsible for the tax consequences of receipt of this stipend and are solely and exclusively responsible for the reporting of any compensation derived from labor as required by the United States Internal Revenue or the Wisconsin Department of Revenue.		
Employee Signature	Date	
College Credit in High School Director	Date	Approved _____ Notes: Denied _____