

LAKESIDE STIPEND FORM

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Amount of payment

\_\_\_\_\_  
Date of work

\_\_\_\_\_  
Description of work

\_\_\_\_\_  
Participant's Social Security #

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Facilitator's Signature

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\_\_\_\_\_  
Account #

\_\_\_\_\_  
Date Received in District Office

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