



CANYONS SCHOOL DISTRICT STIPENDS



Name _____

Employee ID _____

HOME BASE School or Department <i>you normally work</i>	(Where	Location Where Work Was Performed (if different)

Fund	Location	Program	Function	Object
10		9348	2216	131

Date	Description of Stipend or Flat Rate Payment	Quantity	Amount	Total
05/20/23	2022-23 School Web Manager Stipend	1	\$ 500.00	\$ 500.00
				\$ -
				\$ -
				\$ -
				\$ -

Total Amount to be Paid **\$ 500.00**

Employee Signature

Approved (Principal or Supervisor)

Head Custodian Signature (for Sweepers only)



Revision 6/13/2014

District Approval (if necessary)