

DATE _____

HOURS

per hour **PAY** _____

CTSO

[illegible]

DATE	Description of Activity	Hours

Total Hours _____

The hours documented above have all been done outside of contract time and/or contract days. The activities listed have been in direct support of a Career & Technical Education Student Leadership Organization.

Advisers Stipends are paid when the following criteria have been met

- Students and Advisers are members of state and national organization.
- A minimum of a monthly meeting/activity is carried out.
- Students are given the opportunity to attend fall leadership
- Students are supported in preparing and competing in local, regional, and state CTSO competitions. Advisers are expected to supervise and attend these events.
- Documentation of hours submitted to CTE office before June 10th

Electronic Signature



NEBO SCHOOL DISTRICT

PAYMENT REQUEST

Date prepared: _____

Employee Number: _____

Payee Name: _____

Street Address: _____

City, State, and Zip Code: _____

Detailed description of purpose of the expenditure(s) to justify the use of public funds:

Adviser Stipend for Career & Technical Student Organization

Account(s) to be charged and amount(s) to be paid:

Fund	Location	Year	Program	Function	Object	Amount
10				1000	199	
Total						

Approver certification:

I have reviewed this payment request and assume responsibility for its accuracy. I certify that to the best of my knowledge, Nebo School District policies have been strictly adhered to for expenditures related to this payment request and all applicable supporting documentation has been attached. I further certify that to the best of my knowledge, the individual or organization shown above is rightfully entitled to the requested funds and has performed all duties required to receive the requested funds.

Preparer Signature _____

Director Signature _____

CTE Budget Manager Signature _____

Business Administrator Signature _____

Superintendent Signature _____