



# ROSCOMMON AREA PUBLIC SCHOOLS

299H W. Sunset Dr. Roscommon, MI 48653 ♦ 989-275-6600 ♦ rapsk12.net

## Request for Travel Stipend (2023-24)

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Employee Name: \_\_\_\_\_

Employee Building Assignments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please check the box for the semester you are requesting payment for**

- First Semester Aug-Jan (Paid in January)
- Second Semester Jan-June (Paid in June)

This is to certify that the employee indicated above is assigned to more than one building, therefore, qualifying for the travel stipend.

Employee Signature: \_\_\_\_\_

Building Principle Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*NOTICE\***

First semester travel stipend requests are due to the Board Office no later than 1/5/24.

Second semester travel stipend requests are due to the Board Office no later than 6/3/24.