

## *Stipend Justification Form*

**Please fill out completely as all information below is needed for accurate payment. Thanks.**

Instructional Materials Adoption State Expert Reviewer

Number of Bids Completed: \_\_\_\_\_

Participant's Name (**full legal name**): \_\_\_\_\_

Social Security #: \_\_\_\_\_ Email: \_\_\_\_\_

Home

Address: \_\_\_\_\_  
(street/box)

Home

Address: \_\_\_\_\_  
(City) (State) (Zip)

Home or Cell Phone #: \_\_\_\_\_ Office Telephone #: \_\_\_\_\_

**To Be Completed By Staff:**

<u>BID # AND NAME:</u>	<u>PUBLISHER:</u>	<u>AMOUNT: (\$330 Each)</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TOTAL: