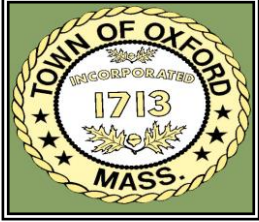


# OXFORD PUBLIC SCHOOLS

## STIPEND REQUEST FORM

### Requestor Information



<b>Department:</b>	
<b>Requestor Name:</b>	
<b>School:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Fax:</b>	

**Account Number**

### Service Information

<u>Date</u>	<u>Hours/Units</u>	<u>Scope of Service</u>	<u>Unit/Hourly Rate</u>	
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			\$ -	\$ -
<b>Grand Total:</b>			\$	-

<b>Date:</b>	<b>Administrators Signature:</b>
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