This needs to identify the school/district; you might want to print on school letterhead. **ALL HIGHLIGHTED AREAS NEED TO BE AMENDED OR DELETED**

Teacher Stipend Worksheet

This report <u>must</u> be completed and signed by a Supervisor with first-hand knowledge of the activities. The inform a requirement mandated by the federal government, 2 C.F.R. Part 200.430(8)(i) Uniform Guidance.	nation provided is
Conference/Training Title and Date	

Teacher Name	Stipend Amount

Tills is to certify that, to the best of i	ry knowledge, the above named teachers spent 100% of their stipend time for the per	lou
to, <u>20xx</u>	_engaged in allowable Title IIA activities and were paid with Title IIA Improving	
Teacher Quality federal grant funds.		
Print Supervisor/Facilitator's Name	Signature/Date	

This form has been saved in word format for your convenience in amending to fit the needs of your district. Please delete this note section and amend highlighted areas to reflect accurate information, when accounting for the employee's stipend time and effort

Updated: 8/15/2023