



**Career & Technical Education
 Industry Certification
 Stipend Payroll Report
 Documentation Form**

School: _____ Date(s) of Activity: _____

Employee Name: _____ Employee ID: _____

Activity Date	Session Time	Activity Name	Total Time of Session
Example: --March 4, 2017	7-9 pm	Workshop	2 hours
Total Hours			

Coding:

Fund	Type	Function (CTE to Complete)	OBJECT	Facility School Number	Project Call CTE Office for Specific Project number @ 955-6848	Sub Project	Program
100	E	1200				00000	00000

Employee Signature _____
Date

Career and Technical Education Director Signature _____
Date

This document to be kept on file at the school.