

KTP COALITION STIPEND REQUEST

NOTE: WRITTEN PREAPPROVAL AND DOCUMENTATION OF EXPENSES ARE REQUIRED FOR STIPENDS. EMAIL REQUESTS TO: keepthepromise@namict.org or FAX TO: 860-882-0240

DATE: _____ NAME: _____

ADDRESS: _____

TOWN: _____ ST: _____ ZIP: _____

PHONE: _____ EMAIL: _____

EVENT ATTENDING: _____ DATE: _____

BUS/VAN RENTAL: _____ (ATTACH RECEIPT)

COMING FROM: _____

GOING TO: _____

TOTAL MILEAGE: _____ X .50.5=TOTAL: _____

CHILDCARE COSTS: _____ NO. OF HOURS: _____

NAME/ADDRESS/PHONE OF SITTER: _____

Need a statement/bill signed by the sitter to confirm

FOOD STIPEND: _____ (ATTACH RECEIPT)

THE COALITON WILL CONFIRM STIPEND PREAPPROVAL. YOU WILL NEED TO PROVIDE RECEIPTS TO THE COORDINATOR AND A CHECK WILL BE ISSUED AFTER THE EVENT.

QUESTIONS? PLEASE CALL 860-882-0236.

APPLICANT'S SIGNATURE: _____

APPROVAL SIGNATURE: _____ DATE: _____

KTP COORDINATOR

APPROVAL SIGNATURE: _____ DATE: _____

EXECUTIVE DIRECTOR