



Training Stipend Voucher

Instructor Name: _____ Position Number: _____

Period Covered: _____

| Date | Training Course | Start Time | End Time | # of Hours |
|------|-----------------|------------------------|----------|------------|
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| | | | | |
| | | Total # Training Hours | | |

Submitted by: _____
Instructor's Signature/Title Date

Approved by: _____
Training Manager Date

For Human Resource/Payroll Use Only

| Total # of Training Hours | X \$16.50 per Hour | = Payment Amount | Paycheck Date |
|---------------------------|--------------------|------------------|---------------|
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