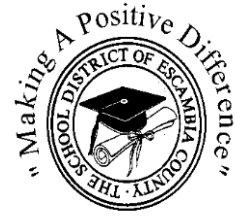


Memorandum



TO: Kathy Branch
Director, Budgeting

FROM: _____

DATE: _____

SUBJECT: Payment of School Recognition Rewards to Contracted Personnel

The staff and school advisory council have agreed to pay a reward to the contracted personnel listed below. Please prepare a check payable to this individual at your earliest convenience.

School Name	Cost Center	Signature of Principal	Date
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Name: _____

Address: _____

Social Security Number: _____ - _____ - _____
(last 4 digits only)

Amount of Reward: \$ _____

(Check one):

- Health Care Personnel (1110E6130 0798 XXXX 67720 00000 00000)
- Custodial (1110E7900 0798 XXXX 67720 00000 00000)
- Community Health Personnel (1110E9100 0798 XXXX 67720 00000 00000)
- Navigator (1110E6110 0798 XXXX 67720 00000 00000)
- Overlay Counselor (1110E5200 0798 XXXX 67720 00000 00000)

I understand that this payment represents taxable income and that it is my responsibility to include this income on my federal income tax return. I understand that my social security number is being collected on this form to comply with Internal Revenue reporting requirements.

Signature of individual receiving reward