



Mid-Atlantic RLI

MD • DE • DC • WV • TN • VA • NC • SC

FACULTY & STAFF STIPEND REQUEST

Name: _____

PRINT

Address: _____

_____ Zip Code: _____

Email: _____

Telephone: (____) _____

EVENT DISTRICT: _____

RLI EVENT NAME: _____

DATE of EVENT: _____

Check the items below you are requesting in stipend.

- ☐ Mileage Reimbursement: (to be provided for total round-trip distance traveled from the point of origin, solely to and from the RLI event, if such total exceeds one hundred fifty (150) miles. If an alternate means of transportation is used, reimbursement is limited to the mileage total.)

From: _____ To: _____

From: _____ To: _____

Total miles driven, Roundtrip: _____ x \$0.20 per mile = \$ _____

- ☐ Hotel stipend-. Full reimbursement up to \$135 for one night. (Attach paid hotel statement)

TOTAL REQUESTED _____

Signature of requesting individual: _____ Date of Request: _____

Email to Barbara Dresser, Treasurer at barbara@dresser.cc or by MAIL:

RLI
c/o Barbara Dresser
6 Lighthouse Cove Loop
Carolina Shores, NC 28467
Phone: (Cell): 704-813-0644

FOR RLI OFFICE USE ONLY: Paid _____ Amount _____ Check _____ Date _____

Per Board Policy, Faculty exceptions to stipend limitations may be made at discretion of Faculty Coordinator.

Staff exceptions to stipend limitations may be made at discretion of the Board Chair.

(Rev 01/10/25))