



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: (calculate total round-trip miles, must be solely for the RLI event)

From: _____ To: _____

From: _____ To: _____

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

Hotel stipend request \$75: Hotel stipend is based on double occupancy. The individual may choose to request this amount to help defray the cost of a single room. (Attach paid hotel statement)

Signature of requesting individual: _____ Date of Request: _____

Email to Barbara Dresser, Treasurer at barbara@dresser.cc

Or by MAIL:

TOTAL DUE _____

RLI
c/o Barbara Dresser
6 Lighthouse Cove Loop
Carolina Shores, NC 28467

Phone: (H) 910-575-7520, (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.
pdq7610@gmail.com.

Staff exceptions to stipend limitations may be made at discretion of Executive Director – Admin. Manager
leighhudson@hotmail.com