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COMMUNITY BASED ORGANIZATION

STIPEND VOUCHER

Name of CBO _____ **Code** _____

Name of Participant _____ **Date** _____

Address _____ **SS#** _____

City _____ **State** _____ **Zip Code** _____

ACTIVITY: _____

Period Covered:

From _____ **To** _____ **Amount** **$**_____

The Stipend is an incentive for a benefit of a participant or a client of the program. It cannot be used to displace an employee or to pay for services performed for the CBO.

_____ _____

SIGNATURE OF DIRECTOR **SIGNATURE OF PARTICIPANT**