



Zone 33 RLI – Faculty Stipend Request

Name: _____

Address: _____

RLI Event Name: _____

Check the items below that you are requesting in this stipend.

_____ **Mileage stipend:** At request of Faculty Member:

From: _____ To: _____ RLI

From: _____ RLI To: _____

Total Miles driven, one -way: _____

_____ **\$50 Travel Stipend Request.** Total one-way miles between my residence and the RLI site is between 100 and 150 miles, I request the \$50.00 Travel Stipend.

_____ **\$75 Travel Stipend Request.** Total one-way miles between my residence and the RLI site exceeds 150 miles, I request the \$75.00 Travel Stipend.

Per Board Policy, exceptions to stipend limitations can be made at the discretion of the Faculty Coordinator. If questions, please contact pwall@theoceanclubnc.com.

_____ **Hotel stipend request \$50:** Hotel stipend is based on double occupancy. The individual may choose to request this amount to help defray the cost of a single room.

Signature of requesting individual: _____

In order to receive stipend, the individual must make the request to the Treasurer within 7 days of the RLI event.

FOR RLI OFFICE USE ONLY:

Paid \$ _____ **Check #** _____

Date: _____

Signature: _____

RLI Treasurer

Email to Mary Dean, Treasurer at MADbuhs66@aol.com or fax to **304-472-9474**