



## REQUEST FOR STIPEND

Consumers and family members/guardians of consumers, with the exception of individuals who are paid for guardianship services or where attendance is covered by the individual's place of employment, may receive a twenty-five dollar (\$25.00) stipend for each meeting attended.

**All checks will be mailed** to payee at the address listed below unless an ACH form (for direct deposit) has been completed.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Type of Meeting (please check the appropriate box)		Account Code
<input type="checkbox"/>	Consumer Advisory Council	10-000--1160-62210
<input type="checkbox"/>	Recipient Rights Advisory Committee	10-000-1301-62210
<input type="checkbox"/>	Other:	10-000-____-62210

\_\_\_\_\_  
Council/Committee Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LifeWays Approval Signature

\_\_\_\_\_  
Date

Please submit completed, signed, and coded form to Accounts Payable ([invoices@lifewaysmi.org](mailto:invoices@lifewaysmi.org)) for processing.