

YWCA Duluth
YWI MN Duluth Cabinet Stipend Payment Request Form

YWI MN Duluth Activity Date Attended _____

½ Day (\$50) _____ Full Day (\$100) _____

***You must attend the entire activity to qualify for the YWI MN Duluth Cabinet stipend.**

I hereby certify that the above information is true and correct and request my YWI MN Duluth Cabinet stipend payment from the YWCA Duluth with approval from the Gender Equity Project Director. If there is a discretion, I have the right to an appeal hearing with the YWCA Duluth's Department of Administration within 14 days of notification in writing to YWCA Duluth, Attn: DOA, 32 East 1st Street, Suite 202, Duluth, MN 55802.

Cabinet Member Name (PRINT)

Cabinet Member Signature

Date

_____ Approved

_____ Denied

Reason: _____

Authorized Signature

Date

Paid: _____
Finance Director