

STIPEND INVOICE

To: Nicole Ives
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For: Served as a QM Peer Reviewer for PGCC **SEMESTER, YEAR**

Amount Due: _____ Team Chair - \$250
_____ External Reviewer - \$150

Course Reviewed: _____

From: **Name:**
Social Security Number:
Mailing Address:
Phone Number:

Make check payable to: _____

Signature:

For PGCC Admin Only

Date Received:

Approved for payment by: