



STATE OF WASHINGTON
DEPARTMENT OF COMMERCE
1011 Plum Street SE • PO Box 42525 • Olympia, Washington 98504-2525 • 360-725-4000
www.commerce.wa.gov

Stipend Request Form

Commented [GK(1)]: This form is a template. Please complete all highlighted sections and delete comments prior to issuing to work group participants.

Requestor Legal Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Contact Phone #: _____ E-mail Address: _____

Requestor **OR** Host Organization Statewide Vendor Number*: _____

Name of the Host Organization (if any)*: _____

(* A vendor number must be obtained in order to claim a stipend. A host organization may use their vendor number to obtain payment on behalf of the individual. If a host organization provides the number, please indicate that on the form, with the name of the organization)

Requesting a stipend for the following meeting dates: (please include time spent preparing for the meeting, reviewing related documents, etc.)

Meeting Name: _____ Date: _____ Duration: _____

Meeting Name: _____ Date: _____ Duration: _____

Meeting Name: _____ Date: _____ Duration: _____

Meeting Name: _____ Date: _____ Duration: _____

In requesting this stipend, I attest that I have not been otherwise compensated for my participation in the above meetings.

Requestor Comments:

For Commerce Use Only:

M.I. code (s):

Requestor Signature: _____ Date: _____

☐ Approved ☐ Denied

Section Manager Signature: _____ Date: _____

Send completed form to **workgroup contact email**