**Offline Stipend**

**Reimbursement Form**

**Name:**

**Date:** **Time from:** **to**:

**Work for which Committee/ Sub Committee:**

**Subject of the work:**

**Brief description of work done:**

Please attach any copies of work produced during this offline work period if applicable.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach with Stipend request forms to Israa.a.haiani@oha.oregon.gov