

Federation for Children with Special Needs
529 Main Street, Suite 1M3, Boston, MA 02129

Stipend Form

Send as PDF to federationforchildrenwithspecialneeds@bill.com for Director approval and processing

Payee Name:

Address:

Email :

Phone:

Payee will receive an email from BILL.com to set up epay
They may receive an email requesting W9 from our secure portal

Activity: (Date and Title of each activity)

Stipend Hourly Rate:

Stipend Total:

Date:

Please return this form to

for initial approval.

Internal Use Only for FCSN Approvers

**Must provide Account, Class/Program, and Customer
Contact your Director for assistance before submitting**

Account

Customer

Class

Date:

Staff Requester Signature:
(Quick Signature) ctrl+u

Updated 11-25-2025