

UTAH COUNCIL OF THE BLIND
 PO Box 1415
 Bountiful, Utah 84011-1415
 Phone: 801-292-1156 · Fax: 801-292-6046
 E-mail: ucb.board@gmail.com

READER STIPEND REQUEST

Date: _____

Volunteer Name: _____ Phone: _____

Street Address: _____

City, State, Zip: _____

UCB Member Served: _____ Phone: _____

<ol style="list-style-type: none"> 1. The blind individual utilizing the Reader Program must have previously purchased coupons, which they will give you to accompany this voucher. No payment can be made unless the appropriate coupons are included with this stipend request form or a check from the blind participant is enclosed to cover the purchase of such coupons. 2. Payment may not be requested for services paid for through any other public or private agency or program, i.e. the DSBVI Deaf-Blind Support Service Provider Program or any Independent Living Program. 3. A separate form must be used for each member receiving services. 4. Payment requests should be submitted at the end of each month for services rendered during that month. Payment requests for periods in excess of 60 days prior will not be honored. 5. Allow two to four weeks from the date you send your request for the payment to reach you. 6. I understand that the reader service payment is a stipend and not intended as a wage or contract payment of any kind, and that I am responsible for compliance with all applicable federal, state, and local tax and other laws. I further understand that I am not acting as an agent of or on behalf of the Utah Council of the Blind, but as a volunteer for the blind member I am serving. I hereby indemnify the Utah Council of the Blind and its directors, officers, and representatives against all liability, loss, damages, costs, expenses, claims, suits, proceedings or actions arising due to my provision of services. The obligation of the Utah Council of the Blind is limited solely to payment of the stipend at the specified rate. 	Date of Service	Times Begin/End	Net Hours
		Total Hours	
Total Pmt	@ \$5.00/hr		

Certified Correct by Volunteer: _____

Approved by: _____ Approved by: _____

(If over \$500)

Account Signator (If to be paid by UCB Credit Union): _____