

Utah Division of Substance Abuse and Mental Health
Form S - Stipend Approval Form

Name: _____

<u>Meeting Name</u>	<u>Date</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
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_____	_____	_____

Program Administrator / Program Manager Signature: _____

Division Director / Assistant Director Signature: _____