

Stipend Request Form

The purpose of this stipend form is to compensate the employee for services performed in addition to his/her regular responsibilities. This form must be sent to the Administrator for approval, and then forwarded to the Business Office for budget approval. The Business Office will then submit the request to Payroll for processing.

New recipients should contact the Payroll Office to complete a W-4 for tax information

Check One: Faculty Staff Student Part Time/Adjunct

Name of person to be paid * _____ Date to be paid: _____

Amount \$: _____

Purpose of Stipend: _____

Print Name: _____
[Requestor] [Date]

Signature Only: _____
[Administrator Approval] [Date]

SOURCE OF FUNDING:

Unit or Organization Name [e.g., "Chemistry Department" or "XYZ Grant"]

[Name]

For Administration/Office Use Only

Fund Accounting Information

Account Code for Disbursement

Example: 000.0000.00.0.000.000.0000.000.0000

For Budget/Payroll Use:

Budget Approval: _____
[Signature] [Date]

Processed: _____
[Signature] [Date]

*If more than one individual for this program/event, a separate Stipend Request Form for each individual must be completed and submitted.

Send one copy to the Business Office and retain one copy in department.