



Stipend Payment Authorization

Date:

Name:

ID#:

Pay - Upon completion of paperwork

Check one

Full-Time Faculty*

Permanent Employee

Associate Faculty*

*Checks will be issued on the 10th of the month

Stipend Amount

Funding Source:

Account Code:

Description:

Employee Signature

Area Administrator

Budget/Fiscal Office

Human Resources

For Payroll Use ONLY

Position:

Earn Type:

Posted:

Paid-on:

Board of Trustees: