



# Stipend Payment Authorization

Date:

Name:

ID #:

Stipend Amount: \$

Sub Fund:

Account Code:

Description of work and per monthly amount, if applicable:

Employee Signature

Budget/Fiscal Office

Area Administrator

Human Resources

## To be Completed by Preparer:

Time Period of Work Performed

Start Date:

End Date:

Approval By

Board Date:

CBA

MOU #:

SARTCo #:

## For Payroll Use ONLY

Member Status:    Pepra    Classic

Non-Member

Position:

Earn Type:    ADES    ADSN    \_\_\_\_

Posted:

Paid On:

Retirement Coding: