# Stipend Payment Form

**Employee Name**: _____
Department Name: _____
Account Code#_____
Immediate Supervisor: _____
Job Title: _____

**Reason for the Payment**:

___ Temporary Stipend
___ Other

_____
_____
_____
_____

Time frame of work to be performed:
Start Date_____ End Date: _____

Amount of Each Payment: _____

Number of Payments: _____

Total Amount of all Payments: _____

Please indicate payment schedule:

Start Date_____ End Date: _____

**Funding Information:**

Account Code: _____

Unit/Project Investigator approval: _____ Date: _____

Employee Signature: _____ Date: _____

Budget Representative approval: _____ Date: _____

Cabinet Member/CFO approval: _____ Date: _____

Payroll Input: _____ Date: _____

☐ Copy of processed Form sent to HR by Payroll