

MEMORANDUM

TO: Certificated Payroll
FROM: Budget Administrator Name
DATE: DATE
RE: Stipend Payment Request for NAME OF FACULTY

Please pay NAME OF FACULTY as noted for Description of work and Dates (Same as the original request).

Faculty name ~ \$EXACT amount to be paid

If multiple add as a list

Faculty name ~ \$EXACT amount to be paid

Faculty name ~ \$EXACT amount to be paid

Faculty name ~ \$EXACT amount to be paid

The stipend is to be paid on DATE OF payroll Or split over several payrolls from the following account

Budget #: fill in budget number

This stipend was Board approved on date of board meeting (If your item is pending approval on the same month, please provide the date to be approved)

Thank you

(Signature add a tittle)

This form should be signed by the administrator and submitted to Payroll by the 10th of the month after the stipend is Board approved.