



Stipend Request Form

Step 1: This form must be filled out in its entirety along **with a W9 for tax purposes**, signed and dated by the individual

Step 2: This must be sent to the Budget Manager for signature and approval

Step 3: The completed and approved form may then be submitted to accounts payable for processing.

Name of person to be paid *: _____
(Please Print)

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Amount \$: _____ Phone: _____

Purpose of Stipend: _____

Signature ONLY: _____ Date: _____
(Requestor)

SOURCE OF FUNDING:

Department Name: _____

Budget Code to Be Charged: _____

Signature: _____ Date: _____
(Budget Manager)

** If more than one individual for this program / event, a separate Stipend Request Form for each individual
MUST be completed and submitted
Retain a copy of this for your records

Business Office Use ONLY

Vendor ID: _____

Claim ID # _____

Date Entered: _____

10/9/2018