Instructions

1) Complete boxes 1-18

1	Name of person to receive the stipend payment.
2	SAP Perner # and Banner M#/or SS#
3	Name of the department
4	Description of service to be rendered (be specific).
5	Beginning date when service will be rendered.
6	Ending date when service will be rendered.
7	Time when service will be rendered.
8	Check if source of funding for stipend is a grant.
9	(If Box 8 is checked) Name of grant stipend is to be charged to.
10	Check if source of funding for stipend is other than a grant .
11	(If Box 10 is checked) Indicate rate of pay used in determined stipend amount.
12	(If Box 10 is checked) Indicate factor of rate of pay (eg per hour, per day …)
13	Justification for items 11 & 12 (be specific).
14	Cost center # where stipend is to be charged. (Budget Dept can assist in cost center determination).
15	Total amount of stipend to be remitted (total may or may not include employer costs).
16	Check one box: if the amount indicated in box 15 is the total including employer benefits or not .
17	Name of person completing form.
18	Phone number for person listed n box 17.

2) Print off form.
3) Have box 19 & 20 completed,

19	Signature (not typed in) of Dept Chair of Director authorizing the payment (no facsimile or proxy signatures will be allowed).
20	Date box 19 was completed