

**STIPEND REQUEST** (To be completed by Department for each individual stipend being requested)

<b>NAME</b>	<b>ID # or SSN #</b>
<b>Department</b>	
<b>Payroll</b> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	Description of service performed:
<b>Date(s) of service</b> From _____ To _____	
<b>Supervisor Name</b>	<b>Supervisor ID</b>

Amount Requested: \$

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**SIGNATURES:**

Dean:	Date	Print Name:
Provost:		Debbie Gough

INPUT	Date	VERIFIED	DATE
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