

STIPEND – PAYROLL REQUEST

HOURS WORKED SPECIAL ASSIGNMENTS / STAFF DEVELOPMENT / CURRICULUM

Please
Print on
PINK
Paper

STIPEND INFORMATION

Issue Check To: _____

(Address)

(City, State, Zip Code)

Amount: _____ Date: _____

EMPLOYEE INFORMATION

Print Name: _____ Bldg: _____

Title: _____

Signature: _____ Date: _____

By signing, I declare under the penalties of law that this amount, claim or demand is just and correct and that no part of it has been paid.

EXPENSE INFORMATION

Budget Code: _____ — E — _____ — _____ — _____ — _____

Description of Expenses: _____

Record of Dates and Hours Worked

Date	Times Worked	Hours

Date	Times Worked	Hours

TOTAL HOURS: _____ X RATE PER HOUR = \$ _____

APPROVALS

Approved By: _____

Signature: _____

Title: _____ Date: _____

By signing, I verify the accuracy and completeness of this claim to the best of my knowledge.