



Stephen F. Austin State University Stipend Authorization Form

All monies will be paid on the payroll following receipt of this payment form in the Payroll Office.

SECTION I All fields are required. Failure to complete the form may delay processing.

Employee Name:

CID Number:

Employee's Primary Department:

Title:

Employee is receiving a stipend from the Department of:

This employee is being paid a stipend for:

Brief explanation for purpose of stipend:

Semester (on-line courses) or date of stipend activity:

Account Manager

Date

Dean/Director

Date

Budget Office

Date

Vice President

Date

Human Resources

Date

SECTION II – PAYMENT OF FUNDS

Total Amount to be Charged:

FOAP (Account Number):

Amount to be paid:

Date of Payment:

FOR PAYROLL USE ONLY

Position Number - Suffix: _____	Pay ID: _____	Pay #: _____
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