CSU FULLERTON
AUXILIARY SERVICES CORPORATION

STIPEND FORM   **Project Account #** _____

Date _____

	YES	NO
CSUF STUDENT		
OTHER STUDENT		
NON-STUDENT		
* WERE SERVICES PERFORMED		

Name _____

Campus Wide ID _____

Address _____

_____

Stipend Pay Period: Start Date _____   End Date_____

Requesting Stipend in the Amount of $_____

A Stipend can either be compensation for services rendered or a scholarship/fellowship where __NO__ service is provided Compensatory Stipends are paid through the Payroll Department. Scholarship/fellowship Stipends are paid through Accounts Payble Department.

Reason for Stipend (To be completed by Department):

_____

_____

_____   _____
Stipend Recipient Signature   Date

_____   _____
Principal Investigator/Project Director   Date

_____
Printed name of Signatory

By signing this request, the P.I. and/or Authorized Signatory acknowledges that these expenditures are authorized per the terms and conditions of the Grants/Awards