

Stipend Form



STIPEND FORM Project Account # **1**
Date

		YES	NO
Name <input type="text"/>	CSUF STUDENT	<input type="checkbox"/>	<input type="checkbox"/>
Campus Wide ID <input type="text"/> 2	OTHER STUDENT	<input type="checkbox"/>	<input type="checkbox"/> 3
	NONE-STUDENT	<input type="checkbox"/>	<input type="checkbox"/>
	* WAS SERVICES PERFORMED	<input type="checkbox"/>	<input type="checkbox"/>
Address <input type="text"/> 4			
Stipend Pay Period: Start Date <input type="text"/>		End Date <input type="text"/>	
Requesting Stipend in the Amount of \$ <input type="text"/>			
*A Stipend can either be compensation for services rendered or a scholarship/fellowship where <u>NO</u> service is rendered. Compensatory Stipends are paid through the Payroll Department. Scholarship/fellowship Stipends are paid through Accounts Payable Department.			
Reason for Stipend (To be completed by Department) <input type="text"/> 6			

Stipend Recipient Signature **7** Date

Principle 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

Stipend Form

1. Enter project # to which this stipend should be expensed
2. Enter name of individual receiving stipend
 - a. If a student or someone else on campus enter CWID#
3. Check off applicable boxes
 - a. If CSUF Student check Yes, if Non-Student check Yes
4. Enter address for individual receiving stipend
5. Enter start and end date for stipend and amount to be paid by this stipend
 - a. Stipend can be for one month or an entire semester
6. Detail the reason for the stipend
7. Obtain appropriate signatures