HUMAN RESOURCES

STIPEND INVOICE

PAGE 2 of 2. WHEN SUBMITTING INVOICE PLEASE Stipend Contract # INCLUDE THE APPROVED STIPEND. (Pg1)

ADDRESS			EMPLOYEE ID#	
DATE		# of hours autl	norized for this stipend:	
Total stipend agreement:		Account Nu	mbers	
List the specific dates and total r	number of hours used to d	complete the assignmer	nt / project. DATE	HOURS
To	otal hours worked for th	nis invoice:		
Faculty Performing Service Print Approval of Requestor			Signature	Date
Print Budget Administrator / Dean Print Pres. / Vice Pres. / Vice Chanc.	*		Signature Signature	Date
Print Print			Signature	Date

*Only administrators / managers may authorize the expenditure of funds and approve hours worked when timesheets are submitted.