



STIPEND REQUEST FORM

Payroll Department
18 Agassiz Circle
(716) 880-2266

EMPLOYEE INFORMATION

Name:	
Department:	

STIPEND INFORMATION

Amount:	Pay One Time Payment <input type="radio"/>	Pay Over Dates Indicated <input type="radio"/>	Pay Over Fiscal Year <input type="radio"/>
Reason for Payment:			
Date(s) Services Performed:			
12-Digit Account Number to Charge:			

SUPERVISORS INFORMATION

Print Name:	Phone Extension:
E-mail Address:	
I hereby certify that all of the information provided on this form is true and correct to the best of my knowledge.	
Signature:	Date:

APPROVALS

Director / Dean / Chair		
Print Name:	Signature:	Date:
Vice President		
Print Name:	Signature:	Date:
Business & Finance		
Print Name: Deborah Strychalski	Signature:	Date:

Submit original to Payroll.
Stipend Request not turned in on time will be paid the next pay cycle.