Farmingdale State College

# Student Stipend Authorization Form

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## RECIPIENT INFORMATION

|  |  |  |
| --- | --- | --- |
| **Student Name** | | |
| **RAM ID#** | **Last 4 digits of SS#** | **Farmingdale Email** |
| **Project Name** | **Job Description** | |

## STIPEND FUNDING INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Account Name** |  | | |
| **Department** |  | | |
| **Account # to be Charged** |  | | |
| **Stipend Amount** : | **# of FEE Payments:** | **Start Date:** | **End Date:** |

## AUTHORIZED SIGNATURES Print Name Signature Ext. Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Faculty/Staff/Supervisor** |  |  |  |  |
| **Department Head/Director** |  |  |  |  |
| **VP/Designee** |  |  |  |  |
| **Budget** | Ellen Weber |  | 2744 |  |

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## BUDGET USE ONLY

|  |  |
| --- | --- |
| **Payroll** | ***Comments:*** |
| **Accounts Payable** |

## 

## PAYROLL USE ONLY

|  |  |
| --- | --- |
| **Student Line#** | ***Comments:*** |
| **SUNY ID#** |

**PP#**       **ENTERED**        **APPROVED**