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**