HUMAN RESOURCES

STIPEND INVOICE

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

| NAME | EMPLOYEE ID# | | | |
|--------------------------------------|----------------------------|---------------------------------|------------------|-------|
| ADDRESS | | | | |
| CITY | | STATE | ZIP _ | |
| DATE | | | _ | |
| | | | Г | |
| Hourly rate: | | # of Hours authorized f | or this stipend: | |
| Total stipend agreement: | | Account Numbers | | |
| | | | | |
| List the specific dates and total n | number of hours used to co | mplete the assignment / project | • | |
| DATE | HOURS | | DATE | HOURS |
| | | | | |
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| | | | | |
| 10 | otal Hours worked for this | s invoice: | | |
| Faculty Performing Service | | | | |
| | | Signature | | Date |
| Approval of Requestor | | | | Date |
| Print | | Signatur | | |
| Budget Administrator / Dean Print | | Signature | <u> </u> | Date |
| Pres. / Vice Pres. / Vice Chanc.* | | | | Date |
| Print | | Signature | е | |

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