



**STIPEND REQUEST FORM  
ACCOUNTS PAYABLE**

RECIPIENT INFORMATION	
Name ( <i>print</i> ):	Social Security Number:
Address:	City/Zip/State:

By checking this box I certify that:	
<input type="checkbox"/>	I am NOT an employee of Southern Arkansas University Tech

STIPEND INFORMATION					
One-Time Payment	<input type="checkbox"/> Yes	Total Amount:	\$	Date to be paid by:	
	<input type="checkbox"/> No	Installments, please explain:			
Is the Individual	<input type="checkbox"/> Student	<input type="checkbox"/> Non-Employee			
<i>Please complete the IRS form W-9, and attach to this request. No payments will be made without this information.</i>					

Title and Description of Stipend Required:

Date (s) Service Performed ( <i>Cannot exceed End of Fiscal Year</i> ):	
Start Date:	End Date:
Account Number for payment:	

**SUPERVISOR APPROVAL:**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby certify that all of the information provided on this form is true and correct to the best of my knowledge.

**VICE CHANCELLOR APPROVAL:**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A/P PROCESSED:**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_