



## Stipend Payment Form

**Legal Name:** \_\_\_\_\_

Mailing Address line 1: \_\_\_\_\_

Mailing Address line 2: \_\_\_\_\_

City, State & Postal Code: \_\_\_\_\_

PeopleSoft Supplier ID: \_\_\_\_\_

Amount: \_\_\_\_\_

**Description of Payment:** *(This should include a calculation of stipend, time period)*

Department Contact (Name, Email, Phone):

***Please attach this Stipend Payment Form along with the Approved Contract and Agreement for the scholarship and/or fellowship using the Payment Request module in PeopleSoft.***

***See Payment Request Instructions for how to complete in PeopleSoft.***