



Stipend Payment Form

Legal Name: _____

Mailing Address line 1: _____

Mailing Address line 2: _____

City, State & Postal Code: _____

PeopleSoft Supplier ID: _____

Amount: _____

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

Department Contact (Name, Email, Phone):

Department Head Approval and Date:

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.