DATE:

TO: Payroll Department

FROM:

SUBJ: **STIPENDS FROM _____ GRANT**

Since we have completed the scheduled training sessions for this calendar year with the _____ employees and the _____
(name of school) (name of agency)

personnel, I am submitting a list of those employees who have stipends due them. If possible, I would like this paid on their _____ checks.
(month)

The account number from which this should be paid is listed below:

F U N D	**F U N C**	**O B J**	**S P C C**	**S U B J E C T**	**O P U**	**I L**	**J O B**
_ _ _	_ _ _ _	_ _ _	_ _ _ _	_ _ _ _ _ _	_ _ _	_ _	_ _ _

EMPLOYEE'S NAME (alphabetically by last name)	**SOCIAL SECURITY NUMBER**	**DATES WORKED/ HOURS OR DAYS WORKED**	**AMOUNT PER HR/DAY**	**TOTAL AMOUNT PAID**

NOTE: If you have different rates per group, please group names by each rate. For instance, if you have one group that worked three days, put them in one group alphabetically, another group worked two days, put them in another group alphabetically, another group worked one day, put them in another group.

Revised 9/10/02 pkw