



Office of Sponsored Programs

Stipend Request Form

Office of Sponsored Programs
 PO Box 1000, Campus Box D-142
 Athens, WV 24712-1000

PROJECT INFORMATION:		
Organization:	<input type="checkbox"/> Concord University	<input type="checkbox"/> Research and Development Corporation
Project Title: _____		
Principal Investigator: _____		Funding Agency: _____
Project Start Date: _____		End Date: _____
STIPEND INFORMATION:		
One Time Stipend	<input type="checkbox"/> Yes	Total Amount: _____
	<input type="checkbox"/> No	Amount to be paid per pay period: _____
Is Individual a	<input type="checkbox"/> Student	<input type="checkbox"/> Employee <input type="checkbox"/> Other
Reason for Payment (DUTIES MUST EXCEED PIQ OR JOB DESCRIPTION):		

Date(s) Service Performed:		

Org Number:	Fund Number:	Account Number:

SUPERVISOR'S INFORMATION:	
Print Name:	
Phone Extension:	
E-Mail Address:	
I hereby certify that all of the information provided on this form is true and correct to the best of my knowledge.	
Signature:	Date:
EMPLOYEE INFORMATION:	
Print Name:	Signature: _____ Date: _____
Department:	

APPROVALS:	
Vice President and Academic Dean (faculty only) or Cabinet Officer (staff and other only)	
Signature: _____	Date: _____
Principal Investigator:	
Signature: _____	Date: _____
Office of Sponsored Programs	
Signature: _____	Date: _____