



**Payroll Department  
Stipend Payroll Report**

Location: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_

Title: \_\_\_\_\_

Activity: \_\_\_\_\_

Employee ID	L2	Employee Name	Schedule/Department	Rate of Pay*	Hours Worked	Total to be Paid

\* The rate of pay per hour MUST conform to a board-adopted salary schedule.

FUND	TYPE	FUNCTION	OBJECT	CENTER	PROJECT	SUBPROJ	PROGRAM
	E						

The above listed employee(s) are authorized to be paid stipends from this budget.

Activity Leader/Principal: \_\_\_\_\_

Date: \_\_\_\_\_

Dept. Head/Project Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Verified: \_\_\_\_\_

Date: \_\_\_\_\_