



MEDAILLE
COLLEGE

STIPEND REQUEST FORM

Payroll Department
18 Agassiz Circle
(716) 880-2266

EMPLOYEE INFORMATION

Name:

Department:

STIPEND INFORMATION

Amount:

Pay One Time Payment

☐

Pay Over Dates Indicated

☐

Pay Over Fiscal Year

☐

Reason for Payment:

Date(s) Services Performed:

12-Digit Account Number to Charge:

SUPERVISORS 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:

APPROVALS

Director / Dean / Chair

Print Name:

Signature:

Date:

Vice President

Print Name:

Signature:

Date:

Vice President for Business & Finance

Print Name:

Signature:

Date:

Submit original to Payroll.
Stipend Request not turned in on time will be paid the next pay cycle.