



MEDAILLE  
COLLEGE

## STIPEND REQUEST FORM

Payroll Department  
18 Agassiz Circle  
(716) 880-2266

EMPLOYEE INFORMATION	
Name:	
Department:	

STIPEND INFORMATION			
Amount:	Pay One Time Payment <input type="radio"/>	Pay Over Dates Indicated <input type="radio"/>	Pay Over Fiscal Year <input type="radio"/>
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.