Reset Form

St. Olaf College

Request for Faculty Stipend

(This form should be used to request extra pay for faculty members and should be sent to ***Payroll***)

Reason for Stipend: _____

_____

Date(s) of activity: _____

Accounting Unit: 010-_____ Account Number _____ Sub-Account _____
five digits five digits four digits
(usually 52900)

Pay to:	**Department:**	**Amount**

Approved by: _____

Date: _____

Assistant Provost Approval: _____

Notes: _____

_____