

St. Olaf College Stipend or Honorarium Request

The form will be routed to Dean of College Office, Payroll, (and Business Office if any individuals being paid are subject to effort reporting).

Academic year or summer: Academic 20_____ Summer 20_____

Coding 010-

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Unit(5) Account(5) sub-acct (4)
usually 52900

Reason for payment / description of service	
Dates or time period of service	
Indicate if retirement is included or excluded	Retirement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Benefits: If the grant doesn't allow ALL other benefits, please explain. Each benefit will be automatically apportioned to the grant based on wage allocations, unless otherwise indicated here.	

(Payment must be over the period work is performed or immediately after work completed)

Pay to:	Department:	Amount

Approver

Printed Name	<input style="width: 100%;" type="text"/>
Signature	<input style="width: 100%;" type="text"/>
Date	<input style="width: 100%;" type="text"/>

Asst Provost

Signature	<input style="width: 100%;" type="text"/>
Date	<input style="width: 100%;" type="text"/>

Includable in effort reporting Y/N/NA YES No N/A

Reason excluded from effort reporting, if applicable

This form must be routed to the Business Office if any of the individuals receiving payment are subject to effort reporting.