PAYROLL STIPEND REQUEST - STUDENT ORGANIZATION

Complete and send to Augsburg Payroll Department, CB 308. Science Hall 148I

** All payments paid on regularly scheduled pay date - For Students on Payroll

Organization Name:			
Request Date:		Due Date:	
Requested By: Commissioner		Date:	
Authorization: Faculty/Staff Advisor to Student Organization Authorization: Director, Activities & Orientation		Date: Date:	
dditional Detail - Ex:. Date & Work	Performed:	Total:	
low do I complete this form?			

Student Name Print the full name of the employee. Avoid using nicknames.

Student ID Print the ID number of the employee. Requests without ID numbers will be sent back to the

requester, resulting in delay of payment

Account All payroll payments are charged to Account 5050, Student Compensation.

Cost Center Please fill in the Cost Center and Fund to which this payment should be charged.

Amount Please fill in the amount of the payment you are requesting.

Additional Detail Note any other specific information that would be useful for your purposes or for Payroll in terms

of carrying out this payment request.