



# FACULTY/STAFF GRANT STIPEND REQUEST

**SEND TO: GRANTS ACCOUNTANT (CB: 2900)**

**Faculty/Staff Stipend:** Before any salary or wages are paid from a grant, the PI and all researchers who are receiving salary support on a grant-sponsored project must complete the internal Effort Report.

## EMPLOYEE INFORMATION

**First Name:**

**Last Name:**

**University ID:**

**Campus Box:**

**Extension:**

## STIPEND INFORMATION

**One Time Payment**

**Yes**

**Total Amount:** \_\_\_\_\_

**No**

**Amount to be paid per period:**

**Account Number (12 digits):**

**Description of Services Performed related to Grant:**

**Date(s) Service Performed:**

## GRANT INFORMATION

**Granting Agency:**

**Title of Project:**

## REQUIRED SIGNATURES

\_\_\_\_\_  
*Principal Investigator*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Department Chair- up to \$999*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Associate Deans- up to \$1,999*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Academic Deans- up to \$2,999*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Associate Provost- up to \$14,999*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Grants Accountant*

\_\_\_\_\_  
*Printed Name*

**PAYROLL STIPEND REQUESTS USING GRANT FUNDS MUST BE APPROVED BY THE GRANTS ACCOUNTANT PRIOR TO BEING PROCESSED BY PAYROLL.**