

Stipend/Honorarium/Extra Days Request

This form is to be used to request payment to a faculty member in the form of a stipend, honorarium or extra days outside of the 171-day contract. Once complete, forward to the Academic Affairs Coordinator for processing.

Faculty Member Name:

Date(s)	Cost Center	Dollar Amount, Number of Hours or Number of Extra Days
Brief description of work:		
Brief description of work:		
Brief description of work:		
Brief description of work:		
Brief description of work:		

Total Dollar Amount _____ Total Hours or Extra Days _____

Faculty Signature Date

Supervisor/Administrator Signature Date