

# St. Thomas More College

## Request for Stipend Payment

(TO BE COMPLETED BY FACULTY MEMBER/UNIT HEAD/SUPERVISOR AND RETURNED TO THE BUSINESS OFFICE)

LEGAL NAME: \_\_\_\_\_

REASON FOR STIPEND: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

SOCIAL INSURANCE NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

AMOUNT OF STIPEND: \$ \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

NOTES:

AUTHORIZED BY: \_\_\_\_\_

(Faculty/Staff Member's Signature)

**FOR OFFICE USE ONLY:**

**Date Received:** \_\_\_\_\_

**Social Insurance number rec'd Yes (\_\_\_), No (\_\_\_)**

**Follow-Up Date:** \_\_\_\_\_