

Elizabeth City State University Stipend Payment Certification

Part One

To be completed by the stipend recipient

Name

SSN

Is recipient a US Citizen, resident alien
or permanent resident?

Yes

No

Mailing Address

Street 1

Street 2

City

State

Zip

Date(s) stipend period covered

June 25 - July 24, 2009

Stipend amount

\$1500

I understand that stipend payments are subject to IRS regulations and will be reported to the IRS as taxable income.

Signature**Date**

Stipend Recipient

Part Two To be completed by the university official certifying and authorizing payment.

Approved payment amount

Account number to be charged

552375-6902

Departmental Representative

This payment is for financial support that does not involve services rendered to ECSU.

Signature below indicates availability of funds.

Signature**Date**

Budget Authority

Title

Distribution:

Original

Directory of Accounting (attach check request)

Copy

Departmental files