

Southern State Community College
General Stipend Pay Authorization

Employee Name: _____

Stipend Description: _____

Budget Code: _____ - _____ 5550 - _____ - _____

Flat Amount: \$ _____

OR

Hourly Rate \$ _____

(If Hourly, attach hours by date)

Manager Signature and Title

Date

Administrator Signature and Title

Date

Payroll Use

Date