## Academic Stipend Memo



| To: Payroll Office  |  |
|---|--|
| From:   |  |
| RE: Academic Stipend  |  |
| Date:   |  |
| Please process an Academic ,<br>Payment is for the month of . | Stipend for the student(s) listed below.  Month of Payment |

| Name | Campus Wide ID # | Amount to be paid |
|------|------------------|-------------------|
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