NAME: _________________________________ Organization: _________________________________

Stipend Period: _____/_____/_____ to _____/_____/_____

Position for which stipend is due: ______________________________________________________

General description of duties:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Stipend Amount: _________________________________

Frequency paid (circle one): Biweekly     Monthly     Semesterly     Annually

I hereby certify that I have fulfilled the duties assigned to me on a stipended basis.

Student Signature: _________________________________ Date: ______________________________

I hereby certify that the student had fulfilled the duties assigned to them on a stipended basis and that this is the correct stipend amount as set in the budget for this position.

Advisor Signature: _________________________________ Date: ______________________________