



## 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