

Stipend Request Form

Use this form to request a stipend or honorarium payment. (Please refer to [Stipend vs. Salary Guidelines](#) to confirm that this is the correct method of payment.)

Please “\” if require check returned to department

Recipient Information		
Last Name of Recipient	First Name of Recipient	SSN # or G#
Address	City, State	Zip Code
Activity/Event	Event Date(s)	
Stipend/Honorarium Information		
Payment Amount	Payment Due Date	
*Account Distribution (FOAP)		
Additional notes as needed		
SMCCCD Employee completing form		Request Date
Approvals		
**Project Director’s Signature/Date:		
**Dean’s Signature/Date:		
Business Officer’s Signature/Date:		

Note: A copy of SSN and a signed W9 form are required for payment. The Stipend is subjected to 1099-Miscellaneous Income.

* Please use account 5101 for current SMCCCD students and use account 5102 for all others individuals

** Signature certifies the information is true, correct and related to SMCCCD official business