

**Elizabeth City State University  
Stipend Payment Certification**

**Part One**

To be completed by the stipend recipient

Name

SSN

Is recipient a US Citizen, resident alien  
or permanent resident?

Yes

No

**Mailing Address**

Street 1

Street 2

City

State

Zip

Date(s) stipend period covered

August 3-14, 2009 Watershed Watch Program

Stipend amount

\$250.00

I understand that stipend payments are subject to IRS regulations and will be reported to the IRS as taxable income.

**Signature**

**Date**

Stipend Recipient

**Part Two** To be completed by the university official certifying and authorizing payment.

Approved payment amount

Account number to be charged

5-52603-16900

Departmental Representative

This payment is for financial support that does not involve services rendered to ECSU.

*Signature below indicates availability of funds.*

**Signature**

**Date**

Budget Authority

**Title**

Distribution:

Original

Directory of Accounting (attach check request)

Copy

Departmental files