Elizabeth City State University Stipend Payment Certification

Part One	To be completed by the stipend recipient							
Name								
SSN								
Is recipier	nt a US Cit	izen, resid	dent alien			•		7
or perman	ent reside	ent?		Yes		No		
Mailing A	ddress							
	Street 1							
	Street 2				1	<u> </u>		
	City				State		Zip	
Date(s) sti	ipend peri	od covere	d	August 3	-14, 2009	Watershed	d Watch Pr	ogram
Stipend amount \$250.00								
I understa	nd that sti	pend pay	ments are	subject to	IRS regul	ations and	d will be re	ported to
the IRS as	taxable ir	come.						
Stipend Recipient Date								
Dort Two	T. b				- utif: .:	المانية والمانية المانية		.1
			the univers	ty official c	ertifying ar	id authorizi	ing paymer	it.
Approved payment amount								
Account number to be charged				5-52603-	16900			
Departmer	ntal Repres	entative						
This payment is for financial support that does not involve services rendered to ECSU.								olve
			services re	enaerea to	ECSU.			
				Signature	below indic		bility of fur	ids.
Signature Budget Au			thority					
			,					
Title								
Distribution:		Original	•	_	(attach che	ck request)		
		Copy	Departmental files					