



## Additional Pay Request Form for Faculty/Staff Payroll

Date: \_\_\_\_\_

Payment to: \_\_\_\_\_

Amount :\$ \_\_\_\_\_

Budget number: \_\_\_\_\_

Month to be paid: \_\_\_\_\_

**\*Occasion (please include date(s):**

\_\_\_\_\_  
\_\_\_\_\_

This stipend will cover graduate school expenses.

Authorization: \_\_\_\_\_

*Requested By:*

**\*Please attach supporting documents for your request and return to buffy\_fowler@mhu.edu by the 15th of the month to make payroll cutoff.**