



# Verification of Services

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Last Name                                      First Name                                      Initial                                      EID #

## Authorization for Payment

**Certificated Services**

Consent Item Number: \_\_\_\_\_ Date of Consent Item: \_\_\_\_\_

FOAP (Account Number):  
\_\_\_\_\_

Fund (6)                      ORG (6)                      Account (6)                      Program (4)

Payment for the month of: \_\_\_\_\_ year of: \_\_\_\_\_

Payment #: \_\_\_\_\_ of: \_\_\_\_\_

### \*Amount of Payment:

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Brief explanation of services performed:

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\*Paid on next regular pay cycle

<b>Payroll Internal Use Only</b>
Payroll Tech: _____
Issue Date: _____

Form to be completed by the department requesting the stipend and submitted directly to Payroll. Please print on *Goldenrod* colored paper. For questions please contact Payroll at 626.585.7451