



GLENVILLE
STATE UNIVERSITY

Research Corporation

**Glenville State University Employee
Grant-Funded Stipend Approval Form**

Name of employee receiving stipend:			
Date(s) worked:			
Explanation or description of event:			
Stipend Amount:			
Name of Grant to be charged:			
Fund:	Unit:	Object:	SubObject:

Approvals:

Grants Office:		Date:
Human Resources:		Date:
Unit Vice President:		Date:
Chief Financial Officer:		Date:

Received and Processed by Payroll:		Date: