



TEXAS A&M UNIVERSITY – CORPUS CHRISTI

Please allow 5-7 days for payment.

STIPEND PERMIT TO PAY

To Be Completed by the Department:

Date: _____

*Vendor Name: _____

*Vendor Address

*Vendor Number _____

*IslanderBuy PO# : _____ *Line Item Number: _____

*Payment Date(s): _____

*Name or Department Paying Stipend: _____

*Description of Stipend: _____

\$

TOTAL AMOUNT DUE FOR THIS PERMIT TO PAY: _____

To Be Completed by Department Head or Other Authorized Approver of Funds:

I hereby certify that the above stipend is authorized for payment.

Signature of Department Head or Approver of Funds

Date

Account Number

Note: This document is to be used in conjunction with the AP Stipend Form and for use with stipends that have multiple payments.

***ALL FIELDS REQUIRED**