

**MORONGO UNIFIED SCHOOL DISTRICT**  
**STIPEND PAYMENT AUTHORIZATION**  
 One form per employee per month to be paid  
 Each stipend **MUST** have a valid account number

Certificated []      Classified [  ]                      Month to be Paid         June        

Employee's Name \_\_\_\_\_ Site \_\_\_\_\_

Social Security Number \_\_\_\_\_

Stipend	Account Number	Amount
	01-	

\_\_\_\_\_  
 Administrator's Signature

\_\_\_\_\_  
 Employee's Signature

Sent to Payroll \_\_\_\_\_

Date Paid \_\_\_\_\_