

Memo

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| --- | --- |
| To: | Accounts Payable  |
| From: | Your Name |
| Date: | Date |
| Subject:  | Non PO Voucher SNOA (non-financial aid related)  |

**Include the following:**

1. Justification stating how the participant(s) receiving the stipend(s) contribute to the objectives of the University.
2. If the stipend is a one-time payment or multiple payments
3. Names of the student(s) receiving the stipends
4. Amount of the stipend paid to each student
5. Cost center/Grant Number and name

**Student Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Last Name:** | **First Name:** | **800 ID number** | **Vendor ID:** | **Amount:** |
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PI/Department chair Signature Date