

PLYMOUTH STATE UNIVERSITY  
Of the University System of New Hampshire

**Participant Support Stipend FORM**

DATE: \_\_\_\_\_

**CHECK PAYABLE TO:**

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NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PURPOSE FOR CHECK:**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE ATTACH APPROPRIATE BACKUP INFORMATION

\_\_\_\_\_  
DOCUMENT NUMBER

\_\_\_\_\_  
AMOUNT

\_\_\_\_\_  
AUTHORIZED NAME AND SIGNATURE

\_\_\_\_\_  
DEPARTMENT/EXTENSION

\_\_\_\_\_  
ACCOUNTS PAYABLE APPROVAL

\_\_\_\_\_  
CHECK DUE DATE