



Public Schools of the Tarrytowns

Assistant Superintendent for Business, 200 North Broadway, Sleepy Hollow, New York 10591

STIPEND PAYMENT REQUEST

Please complete all of the questions listed below to facilitate processing of your stipend request. Incomplete information may delay your payment request.

Date: _____

Name: _____

Address: _____

Phone: _____

Social Security Number: _____

Email: _____

Budget Code: _____

Activity Name: _____

Stipend Amount: _____

Payment Method:

☐

Please Check one

Check

☐

ACH

Administrator/Coordinator: _____

Signature Required

For ACH Payments Only

Bank Name: _____

ABA/Routing Number: _____

Account Number: _____
