

URI STUDENT SENATE ORGANIZATION STIPEND BACKUP

name of organization _____

date _____

signature of president or treasurer _____

For the month of _____, please stipend the following people at the noted amounts:

PLEASE PRINT:

NAME	SIGNATURE (at check pick-up time)
------	--------------------------------------

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____
- 13 _____
- 14 _____
- 15 _____
- 16 _____
- 17 _____
- 18 _____