DELTA STATE UNIVERSITY

Work Completion & Payment Verification Form

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1. Personal Information

- **Full Name:** _____
- **ID Number (if applicable):** _____
- **Program/Department:** _____

2. Stipend Completion Details

- **Description of Completed Work/Project:**

  _____

  _____

  _____

- **Completion Date:** _____
- **Stipend Amount:** _____

3. Declaration

I hereby confirm that the above work/project has been completed as per the terms and conditions agreed upon.

- **Signature of Recipient:** _____
- **Date:** _____

4. Supervisor/Manager Verification

I hereby verify that the recipient has successfully completed the work/project as described above.

- **Supervisor/Manager Name:** _____
- **Title:** _____
- **Signature:** _____
- **Date:** _____

*Please complete the attached activity log and attach any original timesheets, if applicable.

Activity Log for Stipend Payment

Student Name: _____

Week Starting/Ending: _____

Date	Start Time	End Time	Total Hours	Task/Activity Description	Notes/Comments

Total Hours Worked This Week: _____

Student Signature: _____

Supervisor Signature: _____