Department of Shared Administrative Services
Office of Personnel Management

# Board & Commission Member Stipends (IT0015)

Department / Agency Name

Business Area

Personnel Number

First Name

Middle Initial

Last Name

Wage Type

Amount

Date of Origin

Wage Type Key:

| | | |
|---|---|---|
| 1163 | Authorized at: | $60.00 |
| 1164 | Authorized at: | $85.00 |
| 1165 | Authorized at: | $110.00 |
| 1183 | Authorized at: | $500.00 |

**Note:** You must use the Wage Type for the authorized amount even if you pay less than authorized. When paying less than authorized, indicate the reason in the comment section.

**Justification:** *(Required)*

Approving Authority

Date Approved

Phone Number