



PARTICIPANT STIPEND FORM

(Type or Print Clearly)

First Name, Middle Initial, Last Name		Taxpayer ID (Social Security Number)		
<input type="checkbox"/> CHECK TO CAMPUS		<input type="checkbox"/> MAIL CHECK DIRECTLY TO PARTICIPANT		<input type="checkbox"/> ACH
DATES OF PARTICIPATION:				
DESCRIPTION OF EVENT:				
Mailing Address of Participant:		Telephone:		
Street/Apt				
City	State		Postal Code	
Country		Province		
<u>If US Citizen or Resident Alien:</u> Reportable to the IRS, reported on 1099 Misc as Other Income, therefore a 1099 supplier site that must exist.				
Please check box if <input type="checkbox"/> US Citizen or <input type="checkbox"/> Resident Alien				
<u>If Non-Resident Alien:</u> Payments are taxable at 30% unless an exemption applies. If exemption applies, check this box and attach completed form Nonresident Alien Participant Stipend Tax Exemption Certificate.				
Sponsor Controlled: _____				
Please check box if <input type="checkbox"/> Non-Resident Alien				
Stipend Amount: \$ _____				
Project	Task	Award	Expenditure Type	Organization
Approvals:				
This payment is permissible under the terms stated by the above sponsor and funds are available for payment.				
PI Approval: _____				
Grants Approval: _____				
AP Fiscal Designee: _____				
Additional Campus Signature (if required): _____				