



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	
<p><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.</p> <p>Please check box if <input type="checkbox"/> US Citizen or <input type="checkbox"/> Resident Alien</p>			
<p><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.</p> <p>Sponsor Controlled: _____</p> <p>Please check box if <input type="checkbox"/> Non-Resident Alien</p>			
Stipend Amount: \$			
Project	Task	Award	Expenditure Type
<p><u>Approvals:</u></p> <p>This payment is permissible under the terms stated by the above sponsor and funds are available for payment.</p> <p>PI Approval: _____</p> <p>Grants Approval: _____</p> <p>AP Fiscal Designee: _____</p> <p>Additional Campus Signature (if required): _____</p>			