

Participant Stipend Form

PARTICIPANT INFORMATION

Name: _____

MI: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Country, if not U.S.: _____

Telephone #: _____

Is Participant a SUNY Employee? ☐ Yes ☐ No

Is Participant an RF Employee? ☐ Yes ☐ No

US Citizen/Resident Alien: ☐

*Non-resident Alien: ☐

AWARD INFORMATION

Award: _____

Project: _____

Task: _____

Exp. Type: _____

Req#: _____

Org. Type: 210

Principal Investigator/Project Director: _____

Person to contact regarding this request, if different from above: _____

List name and phone extension _____

DESCRIPTION OF PAYMENT/DELIVERY METHODS

Purpose of Stipend Payment: _____

Effective Dates

From: _____ To: _____

Delivery Method: ☐ Pick Up ☐ Mail ☐ Other, describe below

Special Instructions: _____

PAYMENT DETAILS

Total Stipend Request: \$ _____

Payment Schedule:

☐ Single Payment ☐ Multiple Payments

Payment Number	Date	Amount
Single/1 st	_____	_____
2 nd	_____	_____
3 rd	_____	_____
4 th	_____	_____

Sum of Payments (must equal TL request): _____

CERTIFICATION AND APPROVAL

This payment is permissible under the terms stated by the sponsor of the above award and funds are available for payment.

PI/Project Director Signature: _____

Date: _____

Additional Campus Signature, if required: _____

Date: _____

Portfolio Manager, or designee Signature: _____

Date: _____

Additional Campus Signature, if required: _____

Date: _____

OSP USE ONLY

If required, NSF Responsible Conduct of Research Training complete: ☐ Yes ☐ No

If Participant is subject to RCR requirements, do not process unless requirement is met.

*Attach completed Nonresident Alien Participant Stipend Tax Exemption Certificate