

Participant Stipend Request Form

PARTICIPANT INFORMATION

First Name: _____ MI: _____

Last: _____

Last 4 of Tax Payer ID (SSN): _____

Home Address: _____

City: _____ State: _____

Country, if not U.S.: _____ Zip Code: _____

Telephone #: _____

Is Participant a SUNY employee? Yes No

Is Participant an RF employee? Yes No

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 No.	Date	Amount
Single/1 st :	_____	_____
2nd:	_____	_____
3rd:	_____	_____
4th:	_____	_____

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
Operations Manager 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.

Supplier File Coding

US Citizen/Resident Alien: Non-resident Alien:

Name Control: _____ Tax Category, check one: Tax Exempt* Tax Type - Taxable

First four letters of last name, UPPERCASE only

*Attach completed Nonresident Alien Participant Stipend Tax Exemption Certificate

OSP
Eff: 09/23/2016