Print Form

Stipend/Fellowship Payment Form

Not for Payment of Services*

Indicate type of payment (choose one)

☐ Stipend--Money given to a student to help with off-campus housing, living expenses, study, or travel.

☐ Fellowship—Money given to *postgraduates* to enable them to conduct research or study a subject at an advanced level.

Amount of Payment _____ **Funding Source** _____

Complete recipient information below as it appears on the Social Security card, and attach a copy of the card.

_____ _____ _____ _____ _____

Recipient Last Name | Recipient First Name | Middle Initial | Social Security # | PSU ID

_____ _____ _____ _____

Recipient Street Address | City | State | Zip

_____ _____ _____

Department Name | Dept. Contact Name | Contact Phone #

Is the recipient a U.S. Citizen or Permanent Resident (Resident Alien/green card holder)? ☐ Yes ☐ No

If no, enter country and visa type _____ _____

Country | Visa Type

If no, has the recipient filled out a W-8BEN for PSU within the last year? ☐ Yes ☐ No (If no, send the recipient to the Business Office, 110 Russ Hall)

Payments to nonresident aliens are subject to Federal regulations and:

- Forms I-20, I-94, and W-8BEN must be attached to receive payment.
- May be subject to withholding based on country and tax treaties.

Check Mailing Options:

☐ Mail via federal mail to above address

☐ Hold check for pickup in the Business Office, Call ph. # _____ when ready

Is the student enrolled or planning to enroll?

☐ Yes ☐ No

If yes, indicate type:

☐ Undergraduate ☐ Graduate

*If this payment constitutes remuneration for services rendered, an employee-employer relationship exists and payments must be made via the university payroll process. Reference: PAR.341.IRS Payroll Management Guide. Internal Revenue codes and Regulations, Kansas Statutes Annotated, and PSU policies have been reviewed in reference to scholarship, fellowship, and grant payments and it has been determined that this payment represented by this document is of a non-reportable nature.

By my signature below I certify that:

- This is not a payment for services rendered.
- There is no employee-employer relationship between PSU and the payee.
- This payment is of a non-reportable nature.

_____ _____ _____ _____

Director or Chair Signature | Date | Principal Investigator Sign. (If applicable) | Date

FINANCIAL AID USE ONLY

I have reviewed this stipend request and financial aid information for this student.

_____The student may be paid the full stipend as requested.

_____The student is over-awarded and may only be paid $ _____.

_____ _____

Financial Aid Signature (Required) | Date

****ATTACH THIS AND ALL OTHER REQUIRED FORMS TO THE DEPARTMENT PURCHASING REQUISTION (DPR) WHEN REQUESTING PAYMENT. ****