Stipend/Fellowship Payment Form Not for Payment of Services*

Amount of Payment		Funding Source		
Complete recipient information belo	w as it appears on	the Social Security	card, and attach a co	py of the card.
Recipient Last Name Recipie	ent First Name	Middle Initial	Social Security #	PSU ID
Recipient Street Address		City	Sta	ate Zip
Department Name	Dept. Contact	Name	Contact Phone #	
Is the recipient a U.S. Citizen or Perr If no, enter country and visa type If no, has the recipient filled out a W	Country	Vis	sa Type Yes No (If	Yes No No, send the recipient to the iness Office, 110 Russ Hall)
Payments to nonresident aliens are subject to Feder • Forms I-20, I-94, and W-8BEN must be attace • May be subject to withholding based on cour Check Mailing Options: Mail via federal mail to above address Hold check for pickup in the Business Office, Call ph. # when ready		hed to receive payment.		
*If this payment constitutes remunerate made via the university payroll process. Regulations, Kansas Statutes Annotate payments and it has been determined to the By my signature below I certify that: This is not a payment for seron there is no employee-employee. This payment is of a non-rep	s. Reference: PAR. ed, and PSU policie that this payment reprocess rendered. evices rendered. every relationship bet	ndered, an employee-e 341.IRS Payroll Man es have been reviewed epresented by this doct	employer relationship of nagement Guide. Inter- l in reference to scholar ument is of a non-repo	exists and payments must be rnal Revenue codes and urship, fellowship, and grant
Requestor Signature	Date	Principal Investig	gator Sign. (If applicabl	le) Date
FINANCIAL AID USE ONLY I have reviewed this stipend requestThe student may be paid the fu			student.	

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