



Stipend Request Form

for Graduate/ Professional Students and Fellows only

Departmental Reference Number

Is the payee either a US Citizen or Permanent Resident? <i>If No, route the completed form to the International Tax Office for processing.</i>	YES	<input type="text"/>
	NO	<input type="text"/>

Is this payment service-free? <i>If service is required, use a PAF to process the request.</i>	YES	<input type="text"/>
	NO	<input type="text"/>

Payee Information	
Payee Name	<input type="text"/>
Social Security # or Employee ID	<input type="text"/>
Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Date of Birth (mm/dd/yyyy)	<input type="text"/>

Requestor Information	
<i>Questions will be referred to the person(s) listed below.</i>	
Home Dept ID	<input type="text"/>
Department Name	<input type="text"/>
Mail Drop	<input type="text"/>
Requestor Name	<input type="text"/>
Requestor Phone	<input type="text"/>
Comments	<input type="text"/>

Payment Information
ALL PAYMENTS ARE PROCESSED FOR THE LAST BUSINESS DAY OF THE MONTH

Type of Request <i>(mark one box only)</i>	<input type="checkbox"/> New	<input type="text"/>	Start Date	<input type="text"/>
	<input type="checkbox"/> Change	<input type="text"/>	End Date	<input type="text"/>
	<input type="checkbox"/> Discontinue	<input type="text"/>	Amount of Monthly Payment	<input type="text"/>
Pay Group	<input type="text"/>	Number of Payments	<input type="text"/>	
		Total Payout Amount	<input type="text"/>	

Payment Detail				For HR Use Only	
Account (5 digits)	Center Number (10 digits)	Monthly Amount	Approved By and Date <small>Additional Pay Form Authorized Signature for Center Number</small>	Job Code	Earnings Code
			<i>Print name of approver</i>		
			<i>Print name of approver</i>		
			<i>Print name of approver</i>		
			<i>Print name of approver</i>		

Total Monthly Payment

Supporting documentation must be maintained in the originating department; please do not submit for processing. If additional explanation is required, please attach separate sheet.

Additional Approvals <small>(if needed for Colleges, Schools, or Programs)</small>		
Print Name	Signature	Date

This area only for use by HR Processing			
HR Routing Information	DestA: <input type="text"/>	DestB: <input type="text"/>	Auth: <input type="text"/>

Please do not make any changes to this form. Requests submitted on modified forms will be rejected and returned to the originator.