

Participant Stipend Form

Operating Location: <i>Department org.</i>	Effective [<i>Beginning date of program</i>
Stipend Amount: <i>Amount being paid</i>	End Date: <i>End date of program</i>
Lump Sum: <i>One payment</i>	Scheduled Payment: <i>Partial payments</i>

Supplier File Information

Name (up to 80 characters) <i>Name of Recipient</i>	Taxpayer ID (Social Security Number)
Visa Type:	Expiration Date: I-9 Status

Site Information

1099 Site	<i>MISC 3</i>
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Address: (each line has 35 characters available)

Address 1			
Address 2			
City	State	Postal Code	
Country	Province		

If U.S. Citizen or Resident Alien, complete the following information for supplier file coding. Taxes will not be withheld. This is taxable income and will be reported as such on 1099 Misc as Other Income.

- *Supplier Type: Must be Participant Stipend*
- *Income Tax Type: Must be Misc 3 Other Income*
- *Name Control: _____ (first four characters of the last name of the 1099 supplier and must be entered into Oracle in upper case only)*
- *Organization Type: Must be Individual*

If Non-Resident Alien, complete the following information for file coding. Payments are taxable at 30% unless an exemption applies. If exemption applies check the appropriate entry and attach the completed *Nonresident Alien Participant Tax Exemption Certificate*:

- *Foreign Source: _____ Sponsor Controlled: _____*
- *Supplier Type: Must be NRA reflecting the appropriate exemption*
- *Withholding Group: 30% _____ Exemption No Withholding Group: _____*
- *Organization Type: Must be Foreign Individual*

Description of Stipend:	<i>Goes into description field on Oracle</i>

Charging Instructions

Project	Task	Award	Expenditure Type	Organization
			<i>FPS Participant Support</i>	
			<i>FPS Participant Support</i>	

APPROVALS:

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

Project Director/Co-Project Director:	<i>Signature</i>	<i>Date</i>
Office of Grants Management:	<i>Signature</i>	<i>Date</i>
Additional Campus Signature as required:		<i>Date</i>

Declaration

I acknowledge that no services are required of me in consideration of the stipend provided by this sponsor	
Stipend Recipient: <i>Signature</i>	<i>Date</i>
<i>Signature</i>	<i>Date</i>