

CSU Fullerton Auxiliary Services Corporation

STIPEND REQUEST FORM INSTRUCTIONS

READ THIS BEFORE COMPLETING THE FORM

Use this form to pay individuals who are receiving financial support from an academic or professional development program administered by the CSUF-ASC.

- Examples of financial support include:
 - Scholarships
 - Reimbursement of tuition, registration fees, textbooks, and other education costs
 - Subsistence and travel allowances
 - Attendance at workshops and seminars
 - Achieving academic milestones
- **DO NOT USE THIS FORM TO PAY SERVICES OF ANY KIND.**
- There is **no obligation** required of the stipend recipient other than to remain enrolled in a degree program (if required by the program) and maintain qualifying requirements of the award.
- **DO NOT USE THIS FORM TO PAY INDEPENDENT CONTRACTORS.**
- First time payees must fill out a W9 tax ID certification form.
- Answer all questions on the form and complete the “Reason for Stipend” section.
- The stipend recipient signs and dates the form.
- The Principal Investigator or Project Director signs and dates the form.
- This form will serve in lieu of a check request.

STIPEND REQUEST

First time payees need to fill out a W9 tax form. Click here W9 to access form				
Stipend Recipient Information:				Requested By:
NAME				Name:
STREET				Dept./Room No:
CITY	STATE	ZIP		Phone/ Ext.:
Campus Wide ID (XXX-XX-XXXX)				Date:
IS THE PAYEE A CSUF EMPLOYEE? Yes <input type="checkbox"/> No <input type="checkbox"/>		IS THE PAYEE AN ASC EMPLOYEE? Yes <input type="checkbox"/> No <input type="checkbox"/>		
IS THE RECIPIENT A CSUF STUDENT? Yes <input type="checkbox"/> No <input type="checkbox"/>		IS THE PAYEE A US CITIZEN?* Yes <input type="checkbox"/> No <input type="checkbox"/>		
*NOTE: Federal funds may not be used to support individuals who lack legal immigration status.				
DID THE RECIPIENT PERFORM ANY SERVICE OR WORK TO RECEIVE THIS PAYMENT? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Stipends are payments to individuals as a scholarship, fellowship, financial assistance grant, training grant, or other contribution to support educational or training expenses. This support can include tuition, living costs, and other incidental expenses which will enhance the individual's level of competence in a particular area, and which may or may not be accompanied or supplemented by a full or partial tuition waiver. **Stipend payments do not create an employment relationship, since no services are required.** Refer to ASC Financial Services Policy # AP EX-871 Stipends and Tax Exempt Payments for more information.

Reason for Stipend:	Project	Object code	Amount	1099
Stipend Start Date: _____ End Date: _____				
Describe the training received by the recipient or the activity in which the recipient participated:				

Stipend Recipient Signature Acknowledgment _____ **Date** _____
 I am a participant of the program making this payment and did not perform any type of service. I understand also that a student receiving stipend payments who also receives other financial aid should contact the Office of Financial Aid to discuss how this payment could affect other aid.

CSUF ASC Business & Financial Services Use				
Allowability by:	PEID:	W9 on File?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Remarks:			

Sample authorized signatures must be on file at ASC corporate office and agree with the signatures on the request.

Principal Investigator or Project Director Certification:		CSUF ASC BFS Approval
I certify that the expenses incurred are for bona fide business purposes, and the information provided is true and accurate. I certify that the expenditures benefit the educational mission of the CSU as defined by the respective statutes, Board of Trustees policies, campus policy, and ASC policy, and that all items are for official business and include no personal expense. I certify that the above payments, if made to a student, are NOT contingent upon teaching, research, or any other service performed by the student.		
Signature of Principal Investigator/Project Director	Date	
Name of PI/PPD (Type or Print)		Approved by
		Date