

Participant Stipend Form

PARTICIPANT INFORMATION

Name: _____ MI: _____
 Email Address: _____
 Mailing Address: _____
 City: _____
 State: _____
 Zip Code: _____
 Country, if not U.S.: _____
 Telephone #: _____
 Is Participant a SUNY Employee? Yes No
 Is Participant an RF Employee? Yes No
 US Citizen/Resident Alien:
 *Non-resident Alien:

AWARD INFORMATION

Award: _____
 Project: _____
 Task: _____
 Exp. Type: _____
 Req#: _____
 Org. Type: 210
 Principal Investigator/Project Director: _____

 Person to contact regarding this request, if different from above:

 List name and phone extension

DESCRIPTION OF PAYMENT/DELIVERY METHODS

Purpose of Stipend Payment: _____

Effective Dates

From: _____ To: _____
 Delivery Method: Pick Up Mail Other, describe below
 Special Instructions: _____

PAYMENT DETAILS

Total Stipend Request: \$ _____

Payment Schedule:

Single Payment Multiple Payments

Payment Number	Date	Amount
Single/1 st	_____	_____
2 nd	_____	_____
3 rd	_____	_____
4 th	_____	_____

Sum of Payments (must equal TL request): _____

CERTIFICATION AND APPROVAL

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

PI/Project Director Signature: _____ Date: _____

Additional Campus Signature, if required: _____ Date: _____

Portfolio Manager, or designee Signature: _____ Date: _____

Additional Campus Signature, if required: _____ Date: _____

OSP USE ONLY

If required, NSF Responsible Conduct of Research Training complete: Yes No

If Participant is subject to RCR requirements, do not process unless requirement is met.

*Attach completed Nonresident Alien Participant Stipend Tax Exemption Certificate