



The **FOUNDATION** For
California State University,
San Bernardino

CHECK DISTRIBUTION	
Mail Check	<input type="checkbox"/>
Pick up at Cashier Window	<input type="checkbox"/>
Extension:	_____

5500 University Parkway, San Bernardino, CA 92407-2397
(909)537-7213 Accounting/(909)537-7036 Fax

STIPEND PAYMENT REQUEST

This request can be used for a one time payment of a stipend. Please submit another form for each stipend payments. Incomplete requests may result in delay of payment. Payments to CSUSB Faculty and Staff will be processed as Foundation Payroll. Please contact Foundation HR for more information, 909/537-7589.

Is Recipient a University or Foundation Employee?

Yes

No

RECIPIENT(Please Print)	Date	Phone
HOME ADDRESS, CITY, STATE, ZIP CODE		
Purpose of Stipend		

CSUSB Student (Student ID #) _____ Other (Explain) _____

SSN (last 4 #'s): _____

PEOPLESOFT
CHARTFIELD

Account	Fund	Dept	Class	Project	Amount

TOTAL STIPEND AMOUNT: \$0.00

*** If recipient is a CSUSB student, CSUSB Financial Aid Office must be notified in writing and attached to request.**

*** Please attach a W-9 form along with the Stipend Payment Request Form if you are a first time Payee.**

*** Some Stipends are taxable income to the recipient. Recipients of stipends will receive an IRS 1099-Misc for each tax year for cumulative payments of \$600.00 or more.**

I CERTIFY THAT: this expenditure is for the primary objective and goal of aiding and supplementing the instructional and service activities of CSUSB.

Prepared by (Please Print) _____ Phone or Ext _____

Signature of Recipient _____ Date _____

Approved By (Signature) _____ Date _____

Approved By (Pease Print) _____

Foundation Use Only

Vendor#	_____
Voucher#	_____
Budget Approval	_____

STIPEND PAYMENT REQUEST

The Accounts Payable turnaround timeframe is 10 business days, upon receiving the completed forms and the appropriate back-up documentations.

If recipient is a CSUSB student, CSUSB Financial Aid Office must be notified in writing. All Stipends must be reviewed by Financial Aid before payment can be processed.

Payments to CSUSB Faculty and Staff and Foundation Staff will not be processed on this form. Please contact Foundation HR at 909/537-7589

Please attach W-9 form along with the Stipend Payment Request Form. Stipend recipients must provide their Social Security number. Some stipends are taxable income. Recipients of Stipends will receive an IRS 1099-Misc for each tax year for cumulative payments of \$600.00 or more.

1. Check Disbursement

Please specify how you would like your check to be handled. Please be advised that if you request the check to be mailed, it will go to the address indicated on the form.

2. Personal Information

Recipient - Name of the person receiving the Stipend

Date - The date you are filling out the request

Phone - Home phone number of Recipient

Home Address - Home address of Recipient

3. Purpose of Stipend

The reason the stipend is being awarded and how it is going to be used.

4. CSUSB Student or Other (explain)

If CSUSB student, please include the student ID number. If other, please explain & include the last four digits of SSN

5. Peoplesoft Chartfield

Enter the account, fund, dept., project, and amount.

6. Certification

If you are receiving reimbursement from more than one source, you must provide information concerning that source to prevent duplication payment/reimbursement.

7. Prepared By

Person preparing the Stipend Request Form

8. Recipients

Person who is requesting the payment

9. Approved By

An authorized signer on the account must approve and date the Stipend form.

Submit the request to Foundation Accounts Payable Office for Payment.

Failure to complete all requested information will be returned to preparer.