#### STIPEND PAYMENT REQUEST CHECK DISTRIBUTION Auxiliary Accounting Mail Check to Address 5500 University Parkway. San Bernardino, CA 92407 Pick up @ Fdtn Rm 109 Main (909) 537-7213 Fax (909) 537-7175 Extension:\_ ASI PHL 🗌 SUN 🗌 UEC 🗌 This request can be used for a one time payment of a stipend. Please submit another form for each stipend payment. Incomplete requests may result in delay of payment being made. Payments to CSUSB Faculty and Staff will be processed as UEC Payroll.

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Is Recipient a University or UEC Employee?	Yes No		
RECIPIENT(Please Print)	Date		Phone
Home Address, City, State, Zip Code			
Purpose of Stipend			
CSUSB Student (Student ID #)		Other (Explain)	

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Account	Fund	Dept	Program	Class	Project	Amount
					Total	

\* 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 Award/Prize Payment Request Form if you are a first time Payee.

\* All Awards and Prizes are taxable income to the recipient. Recipients will receive an IRS 1099-Misc for each tax year for cumulative payments of \$600 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	Date
Signature of Recipient		Date
Account Authorized Signature Approval	Date	

Please contact UEC Human Resources for more information, (909) 537-7589.

Auxiliary Use Only
Vendor Number:
Voucher Number:
Budget Approval:

SSN (last 4 #'s):

Approved By (Please Print)

Accounts Payable turnaround timeframe is 10 business days.

# STIPEND PAYMENT REQUEST

Gifts, Prizes, and awards are considered taxable income and are subject to reporting, regardless of amount. There are no de minims exceptions. Gifts, prizes, and awards are typically gifts of cash (including gift cards/certificates) given to recipients in recognition of outstanding achievement in teaching, research, academic performance, other performance-

- 1 Please select business unit htat activity has occurred in.
  - ASI Associates Students, Inc.
  - PHL Philanthropic Foundation
  - SUN San Manuel Student Union
  - UEC University Enterprises Corporation at CSUSB
- 2 Payments to CSUSB Faculty and Staff and Foundation Staff will not be processed on this form. Please contact UEC HR at 909/537-7589

# 3 Recipient 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

# 4 Purpose of Stipend

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

5 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

6 Peoplesoft Chartfield

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

7 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.

Pleaes 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.

# 8 Certification

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

### 9 Prepared By

Person preparing the Stipend Request Form

10 Signature of Recipient and Date

### 11 Approved By

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

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