



STIPEND REQUEST FORM ACCOUNTS PAYABLE

RECIPIANT INFORMATION

Name: _____ Social Security Number: _____
Print As it appears on the SS Card

Address: _____ City/State/Zip: _____

Note:

*In compliance with the Internal Revenue Code all recipients of Non-Employee compensation that may be subject to withholding must complete both box number one (1) and box number two (2) of this form.

Box 1: I swear under penalty of perjury that the following is true and correct:

I am a U.S. Citizen
 I am a Permanent Resident Alien (i.e. Work Authorization, Green Card)
 I am **Not** a U.S. Citizen and I am **Not** a Permanent Resident Alien
 Note: All Non-Resident Aliens must complete IRS Tax Form 1042-S

Signature: _____

Box 2: By Checking this box I certify that:

I am **Not** an employee of the El Paso County Community College District

STIPEND INFORMATION

One-Time Payment Yes Total Amount: _____ Date to be paid by: _____
 No Installments, please explain: _____

Is Individual a Student Non-Employee

Please complete the IRS Form W-9, and attach to this request. No payments will be made without this information.

Title and Description of Stipend Required:

Date (s) Service Performed (Cannot Exceed End of Fiscal Year): Start Date: _____ End Date: _____

Fund Number: _____ Org. Number: _____ Account Number: _____

SUPERVISOR'S INFORMATION:

Print Name: _____ Signature: _____ Date: _____

I hereby certify that all of the information provided on this form is true and correct to the best of my knowledge.

APPROVALS:

Budget Head: _____
Print Name Signature Date

A/P Processed: _____
Print Name Signature Date