

PARTICIPANT STIPEND FORM



The Research Foundation of SUNY

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RF PURCHASING

Bishop B28 PHONE: (716) 878-4144

FAX (716) 878-4039

TO BE COMPLETED BY PARTICIPANT

Participant Name:		
Participant Address:		
City:	State:	Zip Code:
Taxpayer ID (SSN)	Participant Telephone:	
<input type="checkbox"/> US CITIZEN OR RESIDENT ALIEN (<i>Reportable to the IRS. Individual will receive a 1099 Misc. Other Income statement. Participant must exist as 1099 supplier site in Oracle Aps.</i>)		
<input type="checkbox"/> NON RESIDENT ALIEN (<i>Payments are taxable to the participant at 30% unless an exemption applies. If an exemption applies, attach completed form "Nonresident Alien Stipend Tax Exemption Certificate" available from RF Purchasing Office or at the RF Website</i>)		
I certify that the above information is correct		Participant Signature

TO BE COMPLETED BY PROJECT DIRECTOR

Project #	Task #	Award #	Organization
Project #	Task #	Award #	Organization
Project #	Task #	Award #	Organization
Project #	Task #	Award #	Organization

Date(s) of participation:	
Description of Event Participated In:	
Payment Amount \$	Mail Check Directly to Participant: <input type="checkbox"/>
	Check to be picked up in RF Purchasing: <input type="checkbox"/>
PI Name (print)	PI Signature
RF Fiscal Designee Approval	Other Approvals as required

Authorized signature must be on file with the Research Foundation Office.

RF Purchasing Free Form Notes