

PAYMENT REQUEST FORM

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|---|---------------------------|--|
| School / College / Division Name | Cost Center Name & Number | |
| | | |
| What type of transaction is this? Please select ONE (1) option only: <ul style="list-style-type: none"> <input type="checkbox"/> Administrative Fees <input type="checkbox"/> Other Liability (for Auxiliary Use Only) <input type="checkbox"/> Legal Settlements <input type="checkbox"/> Standardized Patient <input type="checkbox"/> Tuition <input type="checkbox"/> Non-Employee Travel Reimbursement <input type="checkbox"/> Utilities <input type="checkbox"/> Student Travel Reimbursement <input type="checkbox"/> Risk and Insurance <input type="checkbox"/> Student Stipend <input type="checkbox"/> Gift Cards | | |
| Stipend Payment Payment Required Details: Is the Recipient a HU Employee? Yes <input type="checkbox"/> No <input type="checkbox"/> Is the Recipient a US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> Is the Recipient a HU Student? Yes <input type="checkbox"/> No <input type="checkbox"/> Did the Recipient Perform Services or Work? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Stipends are payments to individuals as a scholarship, fellowship, financial assistance grant, training grant, or other contribution to support training expenses. This support can include tuition, living costs, and other incidental expenses which will enhance the individual's level of competence in a particular area, and which may or may not be accompanied or supplemented by a full or partial tuition waiver. STIPEND PAYMENTS DO NOT CREATE AN EMPLOYMENT RELATIONSHIP, SINCE NO SERVICES WERE REQUIRED. ALL STIPEND PAYMENTS ARE SUBJECT TO THE AD HOC PAYMENT POLICY. | | |
| Please provide the purpose or nature of the payment. Include all applicable dates of service and be as specific as possible. All relevant supporting documents must accompany this form. | | |
| FOR U.S CITIZENS AND PERMANENT RESIDENT ALIENS Is a completed and signed W-9 form already on file with the Office of Procurement? <input type="checkbox"/> YES <input type="checkbox"/> NO If "No" please submit a W-9 Form via e-mail to accountspayable@howard.edu | | FOR NON-RESIDENT ALIENS "This section is to be completed by the HU Non-Resident Alien Tax Specialist" <input type="checkbox"/> Taxable <input type="checkbox"/> Non-Taxable |
| REQUESTOR - TYPE or PRINT | | REQUESTOR - SIGNATURE  |
| MONTH / DAY / YEAR | TELEPHONE NUMBER | E-MAIL ADDRESS |
| SUPPLIER/RECIPIENT NAME AND ADDRESS | | AMOUNT |
| SUPPLIER ID / STUDENT ID | | COST CENTER / PROJECT NUMBER |
| GRANT WORKTAG/GIFT WORKTAG/PROJECT WORKTAG | | SPEND AUTHORIZATION ID |
| PRINCIPAL INVESTIGATOR (provided PI's signature is required) | | |
| TYPED / PRINTED NAME | SIGNATURE | TITLE |
| | | Professor and Associate Dean |