



COLLEGE AT ONEONTA Participant Stipend Form

Participant Name		Taxpayer ID (SSN/TIN)	US Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO <small>Attach Alien Information Form for Non US Citizens (30% withholding may apply)</small>	
Address 1				
Address 2				
City		State		Zip Code
Dates of Participation (MM/DD/YY - MM/DD/YY) -				Country (if outside US)
Full Description of Participation: (Attach additional page if necessary)				
Charges are to be processed against the following:			Amount: \$	
Project	Task	Award	Expenditure Type FPS Participant Support	Organization 220
Participant Certification: Under penalties of perjury, I certify that the Taxpayer Identification Number shown at the top of this form is correct and that no order for backup withholding from the IRS exist.				
Subject Signature: _____			Date: _____	
Project Director Certification: I certify that this payment is permissible under the terms and conditions stated in the agreement for the above referenced award and that funds are available for this purpose.				
Project Director or Designee: _____			Date: _____	
FOR INTERNAL USE ONLY				
Supplier Number:	Site:	Invoice Date:	Invoice Number:	
Research Foundation Approval: _____				Date: _____
			Input:	Date: