

The George Washington University
New Stipend Setup Request

[Click Here for Instructions on Using This Form](#)



****Note: Payments made to foreign nationals may require tax withholding unless a tax treaty is available. Foreign national recipients must complete required tax forms at the Tax Department before a payment is made.**

Demographic Data	Recipient Name: (Last, First, Middle) _____	Supplier No.: _____
	Social Security No.: _____	Supplier Code: _____
	Address: _____ _____	Pickup Code: _____
		Tax Code: _____
	**Required Fields: U.S. citizen or permanent resident? (i.e. Green Card holder) <input type="checkbox"/> Y <input type="checkbox"/> N If N, Nationality: _____ Visa Status: <input type="checkbox"/> F-1 <input type="checkbox"/> J-1 Student <input type="checkbox"/> J-1 Teacher <input type="checkbox"/> Other: _____	

Basic Setup Data	Create Date: _____	Invoice No.: _____
	Total Award Amount: _____	No. of Months: _____
	Start Date: _____	Last Month Amt.: _____
	Regular Amount _____	Last Month Date: _____

IMPORTANT! – Select only ONE of the following blocks. DO NOT complete all three sections!

Financial Data	Oracle Alias: _____	This part is for GRANTS ONLY	This part is for ENDOWMENTS ONLY
	Organization: _____	Project: _____	Endowment Fund Source No: _____
	Fund Source: _____	Task: _____	G/L Account: _____
	G/L Account: _____	Award: _____	
		Expenditure Org.: _____	
	Expenditure Type: _____		

I attest that the recipient of this stipend is currently enrolled in a degree program at The George Washington University, or will be by the time the stipend is issued. I further attest that, if the stipend is charged in any part to a sponsored project, the student's program of study is directly related to the scope of that sponsored project.

I attest that this stipend award requires the recipient to render no services to the department or The George Washington University. I further attest that there is a signature of the recipient on file, acknowledging the amount of the stipend, and stating that no services are required to receive this stipend.

Initiator: _____	E-mail Address: _____
Telephone: _____	Date Sent to Department: _____
Department/PI Approval: _____	Date Sent to Sch./GSAF/ORS: _____
School/GSAF/ORS Approval: _____	Date Sent to Supply Chain: _____
Treasury Mgt. (Endowments Only): _____	

Supply Chain Use Only

Supplier Setup by/Date _____	Stipend Setup by/Date _____
------------------------------	-----------------------------