

# CALIFORNIA STATE UNIVERSITY DOMINGUEZ HILLS FOUNDATION

## STIPEND CERTIFICATION AND PAYMENT REQUEST

Date \_\_\_\_\_

**Payee Information**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_  
 Social Security \_\_\_\_\_

**CSUDH STUDENT:** YES / NO

If Yes, Student ID# \_\_\_\_\_

Request Deadline	Check Ready
Before 12 pm Thurs.	Tuesday @ 4 pm
Before 12 pm Tues.	Friday @ 4 pm

FOUNDATION ACCOUNT #: \_\_\_\_\_

**Requirements (list requirements to receive payment)**


**Payment Information**

Disbursement Date	Amount
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____

Disbursement Date	Amount
7) _____	_____
8) _____	_____
9) _____	_____
10) _____	_____
11) _____	_____
12) _____	_____

**Stipend Recipient Certification**

I certify that I have met/will meet the necessary requirements to receive the stipend payments listed above. I also understand that these payments may be considered taxable income by the IRS and that I am liable for any local, state, or federal taxes due. I understand it is my responsibility to consult a qualified tax accountant to determine the consequences of these payments.

Stipend Recipient's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Account Director's Certification**

I certify that the stipend recipient listed above has met/will meet all the necessary requirements to receive payment as indicated.

Account Director's Signature \_\_\_\_\_

Date \_\_\_\_\_

Foundation Approval \_\_\_\_\_

Date \_\_\_\_\_

PEID	Foundation Use
Account Balance	_____

**INDICATE ONE ONLY**  
 Mail to Address listed above  
 Call when ready @ Ext. \_\_\_\_\_