

Payee Information

CSUDH STUDENT Yes No

Date: _____
 Name: _____
 Address: _____
 City, State, Zip Code: _____
 Social Security: _____

If Yes, Student ID# _____

Request Deadline	Check ready
Before 12 pm Thursday	Tuesday at 4pm
Before 12 pm Tuesday	Friday at 4pm

FOUNDATION ACCOUNT# _____

Requirements (List requirements to receive payments)

Payment Information

No.	Disbursement Date	Amount
1.		
2.		
3.		
4.		
5.		
6.		

No.	Disbursement Date	Amount
7.		
8.		
9.		
10.		
11.		
12.		

Stipend Receipt 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.

_____ Date
 Stipend Recipient Signature

Account Director Certification

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

_____ Date
 Account Director Signature

**For Philanthropic Account Amounts Over \$750 Must Receive Dean or VP Approval.*

_____ Date
 Dean/VP Approval (For Philanthropic Account Amounts over \$750)

_____ Date
 Foundation Approval

PEID	
Account Balance	

INDICATE ONE ONLY
 Mail to Address listed above
 Call when ready @ Ext. _____