

Stipend Request Form

Eligibility: Business Operations can only use the ePay application to process stipends to **non-UCR students and non-employees** for participation in University programs. Requests must indicate the reason for the stipend payment and the dates for participation should be provided with supporting documentation i.e. sign-in sheet/meeting agenda. We need W9 and 590 because payments are subject to 1099 tax reporting and may be subject to withholding. In the case where an address needs to be updated, we will require a new W9 and 590 to request the change. Additionally, we are not able to process payments to organizations. Stipends must go to an individual. Accounting will not release a check to any named organization. Stipend payments to UCR students must be processed through the Financial Aid Office or the Graduate Division. Stipend payments to employees must be processed through HR/payroll.

PAYEE INFORMATION	
Name:	Is payee a UC Employee: <input type="radio"/> Yes <input type="radio"/> No <i>(if yes, employee not eligible)</i>
Address:	Email:
City, State, Zip:	Phone:
Country:	Department:

PAYMENT	
<i>Please indicate if payment will need to be sent by check (domestic mail) or by wire transfer (foreign addresses ONLY)</i>	
Check Payment: <input type="radio"/> Yes <input type="radio"/> No	Wire Transfer: <input type="radio"/> Yes <input type="radio"/> No
Address (if different from above):	Department Contact Name:
	Email:

EVENT INFORMATION	
Name:	Type:
Date(s): (required)	Location:

Additional INFORMATION <i>(reason for stipend payment) Attach sign in sheet and agenda's separately</i>

REQUIRED FORMS	
<input type="radio"/> W9 or <input type="radio"/> W8BEN (non-citizen)	<input type="radio"/> 590 or <input type="radio"/> 587 (out of state)

COA & APPROVALS									
Entity	Fund	Activity	Account	Function	Program	Project	Flex 1	Flex 2	Amount

FAO/ Department Head (Print Name) _____ Signature _____ Date _____

BUSINESS OPERATIONS USE ONLY: Exceptional Approvals

Controller & Budget Director (Print Name) _____ Signature _____ Date _____

Dean (Print Name) _____ Signature _____ Date _____