



## COLLEGE AT ONEONTA Participant Stipend Form

<b>Participant Name</b>		<b>Taxpayer ID (SSN/TIN)</b>		<b>US Citizen</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <small>Attach Alien Information Form for Non US Citizens (30% withholding may apply)</small>	
<b>Address 1</b>					
<b>Address 2</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Dates of Participation (MM/DD/YY - MM/DD/YY)</b> -				<b>Country (if outside US)</b>	
<b>Full Description of Participation: (Attach additional page if necessary)</b>					
<b>Charges are to be processed against the following:</b>				<b>Amount: \$</b>	
<b>Project</b>	<b>Task</b>	<b>Award</b>	<b>Expenditure Type</b> FPS Participant Support	<b>Organization</b> 220	
<b>Participant Certification:</b> 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.  <b>Subject Signature:</b> _____ <b>Date:</b> _____					
<b>Project Director Certification:</b> 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.  <b>Project Director or Designee:</b> _____ <b>Date:</b> _____					
FOR INTERNAL USE ONLY					
<b>Supplier Number:</b>		<b>Site:</b>	<b>Invoice Date:</b>	<b>Invoice Number:</b>	
<b>Research Foundation Approval:</b> _____ <b>Date:</b> _____					
Input: _____ Date: _____					