

SU-21 FELLOWSHIP / AWARD FORM

(Not to be used for payment for services)

1 of 7 - Check Payment Type * Determining Payment Method for Expense Reimbursements/Allowance								
○ Fellowship			Award (Stanford Student)			○ SHC M	ledical Resident /	Clinical Fellow
2 of 7 - Payee Information								
Payee (last, first):				Paye Mailir				
Identification Number (Check one box): Address:								
	Number (prefe	•	b : if Ot if	and ID and a conflicted as				
Social Security Number or ITIN (provide only if Stanford ID not available)								
Department Name: Dept. Mail Code:								
3 of 7 - Payment Delivery Method * Repetitive monthly payments are mailed to Dept.Mail Code to arrive by the last business day of each month. Direct deposit is available if the payment is received on cycle.								
○ Send check to Dept. Mail Code								
Hold check for pick up at Payroll & Payment Services Will Call (459 Lagunita Drive, Suite 7, 2nd floor, Tresidder Memorial Union, Stanford, CA 94305)								
4 of 7 - PTA Information and Payment Amount								
Project	Task	Award	# PMTS	From	Т	hru	Each PMT	Total PMT
Remarks (Indicate the business purpose and any special instructions):								
5 of 7 - Declaration of Tax Status								
○ I am a U.S. Citizen.								
- Payee's signature required Payee's Signature								
I am a U.S. Permanent Resident. - Attach a copy of the Permanent Resident Card (Green Card) - Payee's signature required Payee's Signature								
I am not a U.S. Citizen AND I am not a U.S. Permanent Resident. Attach the following backup documents:								
- Copy of I-94	ned DS-2019 or located		processes in the	e U.S., and Payee's S	· · · · · · · · · · · · · · · · · · ·	roquiroda		
6 of 7 - Preparer			<u> </u>			riequireu		
o oi 7 - i Teparei			Jiovai Sigii					
Prepared by:				Ext:			Date:	
Approval Signature: Ext: Date:								
7 of 7 - Instructions								
 Complete the Collect all red Submit the co 	quired signatures		ocuments to Pa	ayroll (MC: 8440), or f	ax to 1-6	50-723-7238	3	