



**ACCOUNTS PAYABLE STIPEND FORM:
FOR SPONSORED RESEARCH PROJECTS ONLY**

NOT PROCESSED THROUGH FINANCIAL AID OR PAYROLL

Recipient Name (Last, First MI):		Total Amount of Stipend Payments: Vendor ID in Islander Buy:	
Full Address:	Last 4 of SSN:	IslanderBuy Document Number:	
<p>Definition of Payment Types:</p> <p>Participant Support Costs are direct costs for items such as stipends or subsistence allowances, travel allowances and registration fees paid to or on behalf of participants or trainees (BUT NOT EMPLOYEES) in connection with meetings, conferences, symposia or training projects.</p> <p>Stipends or Subsistence Allowances help to defray the costs of personal maintenance while participating in a conference or training activity. Participants may be paid a stipend, per diem, or subsistence allowance, based on the type and duration of the activity as outlined in the program solicitation and in the grant.</p>			
Sponsored Project Account:	Expense Object Code: 6383 Participant Costs - Stipends	Project Start Date:	Project End Date:
Citizenship Status:	Total # of Payments:	Activity Start Date:	Activity End Date:
<p>Payee Classification:</p> <p style="text-align: center;">Non-Student + Non-Employee</p> <p style="text-align: center;">Not Currently Enrolled in Classes AND Not Paid During the Current Calendar Year (Jan. 1st – Dec. 31st)</p>			
<p>I understand that I am solely responsible for payment of taxes as a result of any reimbursement for education that may be found to be taxable. I also understand that any decision made on behalf of Texas A&M University – Corpus Christi to withhold or not withhold taxes from educational reimbursements do not constitute tax advice. I agree to hold the University harmless from any claim associated with the University’s withholding of federal income taxes.</p> <p>I understand that the acceptance of this payment may have an effect on my current and future financial aid package. It is my responsibility to contact the Financial Aid Office to understand the impact this award may have on my financial aid.</p> <p>I understand that acceptance of this payment does not make me an employee of TAMUCC, and that these funds are not considered payment for services rendered.</p>			
Recipient Signature:			Date:
<p>I certify that the individual receiving this award is eligible and that the costs are allowable per the sponsor’s guidelines. The Participant Costs are for stipends or subsistence allowances, travel allowances, and registration fees paid to, or on behalf of, participants or trainees in connection with conferences or training projects.</p> <p><i>I certify that disbursement of these funds is not considered a payment for services rendered.</i></p>			
Principal Investigator/Project Director/Authorized Representative’s Signature:			Date:
OSRA Approval Signature:			Date:

Instructions

This form is intended for the purpose of processing stipend payments from sponsored research projects through Accounts Payable (“A/P”) to individuals who are neither currently enrolled in classes for the semester nor have they been an employee at any time during the current calendar year (January 01 – December 31).

To complete this form, two prior steps MUST be completed:

1. First, depending on their citizenship status, the payee must submit to A/P either a Sub W-9 Form or if foreign: *Request for Tax Payer ID Number and Certification* or *Certificate of Foreign Status*. Once this form has been submitted and processed, the payee will be issued a Vendor ID number, to be entered on the line for “Accounts Payable Vendor ID.”
2. Second must be created to encumber the funds, which must include separate line items for each individual payment that is intended to be processed.

Once these two steps have been completed, you may submit this form, which remains valid for the life of the stipend activity start and end dates entered.

For payment to process.

For EACH individual payment, the department must complete a **Stipend Permit to Pay form** for processing and receive the amount if paying only one installment via FAMIS. Use the stipend form itself as an invoice. If more than one payment use the permit to pay form.

These forms are all accessible at: http://purchasing.tamucc.edu/online_forms.html

Submit the completed form for payment to Accounts.payable@tamucc.edu.

Forms should include.

Recipient Name: *Enter Last Name, First and Middle Initial*

Full address and last four of Social Security: *Enter Full Address and last four of Social Security Number, address must match and last four of SSN must Match.*

Vendor ID in IslanderBuy

Total Amount of Stipend Payments: *Enter total amount of all stipend payments intended for this payee*

Accounts Payable Vendor ID: *Enter the Accounts Payable Vendor Identification Number, accessible through FAMIS and IslanderBuy after the payee has submitted their Sub W-9 to A/P.*

IslanderBuy PO Number: *Enter IslanderBuy PO Number that was issued to encumber the stipend funds*

Definition of Payment Types: *This defines participant support cost and stipend/substance allowances*

Sponsored Project Account: *Enter the sponsored project account number that is paying this payment*

Expense Object Code: *Use only 6383 Participant Costs - Stipends for stipend payments processed through the Accounts Payable Office*

Project Start Date: *Enter the start date of the project*

Project End Date: *Enter the ending date of the project*

Citizenship Status: *Self-explanatory (Payments to foreign students must contact Accounts Payable, there may be withholdings involved with payment.)*

Total # of Payments: *Enter the total quantity of payments to be processed to this payee under this stipend request* **Activity Start Date:** *Enter the start date of the activity for which the recipient is receiving payment*

Activity End Date: *Enter the ending date of the activity for which the recipient is receiving payment*

Payee Classification: *Only payees who are a) NOT currently enrolled in classes and b) who were NOT paid as an employee during current calendar year (Jan-Dec) should process their stipend payment through the A/P Office. If the payee is currently enrolled in classes, please process through Financial Aid. If the payee is not enrolled in classes, but has been an employee at any time during the current calendar year, please process through*

Recipient Signature: *Self-explanatory*

Date: *Self-explanatory*

Principal Investigator/Project Director/Authorized Representative's Signature: *Signature of Principle Investigator, Project Director, or Authorized Representative agreeing to the above assertion*

Date: *Self-explanatory*

OSRA Approval Signature: *Signature of a representative of the Office of Sponsored Research Administration approving the stipend*

Date: *Self-explanatory*