



**PAYROLL OFFICE STIPEND FORM:  
FOR NON-SERVICE STIPEND RECIPIENTS ON SPONSORED PROJECTS ONLY**

<b>Definition of Payment Types:</b>			
<p><b>Participant Support Costs</b> 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 (<b>but not employees</b>) in connection with meetings, conferences, symposia or training projects.</p> <p><b>Stipends or Subsistence Allowances-</b> to help 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>			
<b>Recipient Name (Last, First MI):</b>		<b>Amount of Stipend Payment:</b>	
<b>Employee ID (UIN):</b>		<b>Pay Component:</b> Continuing Education	
<b>Sponsored Project Account:</b>		<b>Project Start Date:</b>	<b>Project End Date:</b>
<b>Activity Start Date:</b>	<b>Activity End Date:</b>	<b>If applicable, Visa Type:</b> _____	
<b>Student Degree Level:</b>	<b>Citizenship Status:</b>	<b>Country of Residence:</b> _____	
<p>I confirm that I have received at least one payment through TAMUCC Payroll this calendar year (January-December).</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&amp;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 payroll taxes.</p> <p>I understand that the acceptance of this payment may have an effect on my current and/or 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>			
<b>Recipient Signature:</b>			<b>Date:</b>
<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/or registration fees paid to, or on behalf of, participants or trainees in connection with conferences or training. This is not considered a payment for services rendered.</p>			
<b>Principal Investigator/Project Director/Authorized Representative’s Signature:</b>			<b>Date:</b>
<b>OSRA Approval Signature:</b>			<b>Date:</b>
<b>Budget Encumbrance Signature:</b>			<b>Date:</b>
<b>Payroll Completion Signature:</b>			<b>Date:</b>

**PLEASE REMIT TO THE PAYROLL OFFICE FOR PROCESSING**

# Payroll Office Stipend Form Instructions

Only payees who are a) **not currently enrolled in classes** and b) who were **paid through the Payroll Office during the current calendar year** (Jan-Dec) should process their stipend payment through the **Payroll Office** using this form. If the payee is currently enrolled in classes, please process through Financial Aid. If the payee is neither a current student nor employee, please process through Accounts Payable. See the Stipend Process Flow Chart for details and exceptions.

The paying department should complete this form for **each payment** being requested. The department must provide a point of contact in the top right corner. Please ensure that budget is available for the transaction and that the payment is occurring for activities held within the project's period of performance.

**Definition of Payment Types:** *This defines participant support cost and stipend/subsistence allowances for informational purposes. If the payment types defined here do not align with your proposed payment, please contact your OSRA and/or HR representative to ensure that the payment is processed correctly.*

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

**Amount of Stipend Payment:** *Enter total payment amount for this one time transaction*

**Employee ID (UIN):** *Enter the Employee ID (Universal Identification Number) of the person receiving payment*

**Pay Component:** *This indicates which Pay Component for Payroll to use to process the payment in Workday*

**Sponsored Project Account:** *Enter the account number that is paying this payment, e.g. 543210-20000*

**Project Start Date:** *Enter the start date of the sponsored project (FAMIS Scn 9)*

**Project End Date:** *Enter the ending date of the sponsored project (FAMIS Scn 9)*

**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*

**Student Degree Level:** *See dropdown list for options*

**Citizenship Status:** *See dropdown list for options.*

If "non-resident alien" is selected for citizenship status:

**Visa Type:** *Enter the recipient's visa type*

**Country of Residence:** *Enter the recipient's country of residence*

**Recipient Signature:** *Recipient signs their understanding and agreement to the notice provided*

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

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

**Budget Encumbrance Signature:** *Signature of a representative from Budget that the funds for the stipend have been encumbered, if applicable*

**Payroll Completion Signature:** *Signature of a representative from Payroll that the Payroll Office has completed processing the form*