

**Payee Information**

CSUDH STUDENT  Yes  No

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Social Security: \_\_\_\_\_

If Yes, Student ID# \_\_\_\_\_

Request Deadline	Check ready
Before 12 pm Thursday	Tuesday at 4pm
Before 12 pm Tuesday	Friday at 4pm

FOUNDATION ACCOUNT# and OBJECT CODE \_\_\_\_\_

Requirements (List requirements to receive payments)

**Payment Information**

No.	Disbursement Date	Amount
1.		
2.		
3.		
4.		
5.		
6.		

No.	Disbursement Date	Amount
7.		
8.		
9.		
10.		
11.		
12.		

**Stipend Receipt Certification**

I certify that I have met/will meet the necessary requirements to receive the stipend payments listed above. I also understand that these payments may be considered taxable income by the IRS and that I am liable for any local, state, or federal taxes due. I understand it is my responsibility to consult a qualified tax accountant to determine the consequences of these payments.

\_\_\_\_\_ Date  
 Stipend Recipient Signature

**Account Director Certification**

I certify that the stipend recipient listed above has met/will meet all the necessary requirements to receive payment as indicated.

\_\_\_\_\_ Date  
 Account Director Signature

*\*For Philanthropic Account Amounts Over \$750 Must Receive Dean or VP Approval.*

\_\_\_\_\_ Date  
 Dean/VP Approval (For Philanthropic Account Amounts over \$750)

\_\_\_\_\_ Date  
 Foundation Approval

PEID	_____
Account Balance	_____

INDICATE ONE ONLY
Mail to Address listed above
Call when ready @ Ext. _____