

The Research Foundation for the State University of New York

Stipend Form

STIPEND RECIPIENT

Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____

E-Mail Address: _____

STIPEND DISTRIBUTION

Total Stipend Amount: \$_____

Payment Date(s) with Amount Per Payment: _____

Project Number: _____ Task Number: _____ Award Number: _____

Participation Support Activity: _____

PRINCIPAL INVESTIGATOR CERTIFICATION

I certify that the stipend recipient is not a Research Foundation employee that is funded under the award referenced above and that the activities related to this stipend do not affect the tasks of any full time RF employment.

Principal Investigator/ Co-Principal

Investigator/Delegated Signatory

Signature: _____ Date: _____

NOTE

If the stipend recipient has not received a payment from RF in the past, they will be required to complete and submit a W9 form. The form is available upon request from RF APPO and on the APPO – Forms web page.