

OFFICE OF THE CONTROLLER

2244 10TH Street, N.W. Suite 300, Washington, DC 20059 Telephone 202 806-2300

PAYMENT REQUEST FORM

School / College / Division Nar	Cost Center Name & Number				
What type of transaction is this? Please select ONE (1) option only:					
[] Administrative Fees [] Other Liability (for Auxiliary Use Only)					
Legal Settlements	[] Standardized Patient				
[] Tuition	Non-Employee Travel Reimbursement				
[] Utilities	Student Travel Reimbursement				
[] Risk and Insurance	Student Stipend				
Stipend Payment Payment Required Details:					
Is the Recipient a HU Employee? Yes [] No []	Is the Recipient a US Citizen? Yes [_] No [_]				
Is the Recipient a HU Student? Yes [] No []	Did the Recipient Perform Services or Work? Yes [] No []				
Stipends are payments to individuals as a scholarship, fellowship, financial assistance grant, training grant, or other contribution to support training expenses. This support can					
include tuition, living costs, and other incidental expenses which will enhance the individual's level of competence in a particular area, and which may or may not be accompanied or					
supplemented by a full or partial tuition waiver. STIPEND PAYMENTS DO NOT CREATE AN EMPLOYMENT RELATIONSHIP, SINCE NO SERVICES WERE REQUIRED. ALL STIPEND PAYMENTS ARE SUBJECT TO THE AD HOC PAYMENT POLICY.					
Please provide the purpose or nature of the payment. Include all applicable dates of service and be as specific as possible. All relevant supporting documents must accompany this form.					
FOR U.S CITIZENS AND PERMANENT RESIDENT ALIENS FOR NON-RESIDENT ALIENS					
			"This section is to be completed by the HU Non-Resident Alien Tax Specialist"		
Is a completed and signed W-9 form already on file with the Office of Procurement?					
[_] YES [_] NO [_] Taxable [_] Non-Taxable				[] Non-Taxable	
If "No" please submit a W-9 Form via e-mail to accountspayable@howard.edu					
REQUESTOR - TYPE or PRINT			REQUESTOR - SIGNATURE		
REQUESTOR - TIFE OF FRINT		REQUESTOR - SIGNATURE			
MONTH / DAY / YEAR	TELEPHONE NUMBER			E-MAIL ADDRESS	
				- 111 12 1321	
SUPPLIER/RECIPIENT NA		AMOUNT			
SUPPLIER ID / STUDENT ID	COST CENTER / PROJECT NUMBER		SPEND CATEGORY		
SOFFEIEN ID / STODENT ID	COST CENTER / PROJECT NUMBER			SPEND CATEGORY	
CDANT MODIFACIONE MODIFACION MODIFACIONES			COPPAID AUTHODITATION ID		
GRANT WORKTAG/GIFT WORKTAG/PROJECT WORKTAG			SPEND AUTHORIZATION ID		
COST CENTER APPROVAL					
TYPED / PRINTED NAME	SIGNATURE		TITLE		
SPONSORED PROGRAM APPROVAL (for grants only)					
	TYPED / PRINTED NAME SIGNATURE			TITLE	
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