

## OFFICE OF THE CONTROLLER

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

## **PAYMENT REQUEST FORM**

School / College / Division Name		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	Standard Leave Takent   Non-Employee Travel Reimbursement		
[] Utilities	[] Student Travel Reimbursement		
[_] Risk and Insurance [_] Student Stipend			
[_] Gift Cards			
Stipend Payment Payment Required Details:			
Is the Recipient a HU Employee? Yes [_] No [_]  Is the Recipient a US Citizen? Yes [_] No [_]			
s the Recipient a HU Student? Yes [_] No [_] Did the Recipient Perform Services or Work? Yes [_] No [_]			5 [] 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 FO			OR NON-RESIDENT ALIENS
Is a completed and signed W-9 form already on file with the Office of Procurement?		"This section is to be completed by the HU Non-Resident Alien Tax Specialist"	
[_] YES		[] 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 - TYPE OF PRINT		REQUESTOR - SIGNATURE	
MONTH / DAY / YEAR	TELEPHONE NUMBER		E-MAIL ADDRESS
SUPPLIER/RECIPIENT NAME AND ADDRESS			AMOUNT
SUPPLIER ID / STUDENT ID	COST CENTER / PROJECT NUMBER		SPEND CATEGORY
GRANT WORKTAG/GIFT WORKTAG/PROJECT WORKTAG SPEND AUTHORIZATION ID			
GRAINT WORKTAG/GIFT WORKTAG/PROJECT WORKTAG			SFEND AUTHORIZATION ID
PRINCIPAL INVESTIGATOR (provided PI's signature is required)			
TYPED / PRINTED NAME SIGNATURE TITLE			
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