

# SDSU RESEARCH FOUNDATION

## NONRESIDENT FOREIGN NATIONAL FELLOWSHIP/SCHOLARSHIP PAYMENT REQUEST

\*\*\*Checks will be mailed directly to recipient's address\*\*\*

**THIS FORM IS TO BE USED EXCLUSIVELY FOR THE PAYMENT OF FELLOWSHIPS, SCHOLARSHIPS, AND STIPENDS TO NONRESIDENT ALIENS (NRAs). DO NOT USE THIS FORM FOR PAYMENTS TO U.S. CITIZENS OR RESIDENT FOREIGN NATIONALS.**

Date of Request:	Period Covered		Due Date:
	From:	To:	
Specific Reason for Payment:			
Payee's Name:		Tax ID / SSN / SDSU RED ID:	
Street Address:			
City:	State:	Zip:	Country:
SDSU E-mail:		Other E-mail:	
Complete and attach Foreign National Information Form, W-8 and other required documents. If previously submitted, indicate date of submission to SDSURF:			
NOTE: SDSURF may be required to withhold federal and/or California income tax from all payments.			
ACCOUNTING DISTRIBUTION			
Fund	Account	%	Or \$ Amount
/			
/			
/			
			Check Total: \$
The project signatory to this document hereby certifies that payment on this document does not represent payment for teaching, research, or any other service performed in an employee/employer relationship. Furthermore, if the payee is an employee of either SDSU Research Foundation or the University, I have attached an addendum that explains the reason why he/she is both an employee and scholarship/fellowship/stipend recipient simultaneously. In addition, each recipient has been notified of the tax liability associated with this payment.			
Project Signature:			Date:
SDSURF Signature:			Date:
Additional Signature:			Date:
THE FOLLOWING SECTION TO BE COMPLETED BY SDSURF STAFF ONLY			
Check Run Date:	Vendor Invoice #:	SDSURF Invoice #:	
1 Income Code:	3 W/H Allowance:	5 Tax Rate:	6 Exemption Code:
8 Amount Repaid:	12 Recipient Code:	16 Country Code:	
CA W/H Rate:	CA W/H Code:	Comments:	