

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, 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.