



Send to Accounts Payable, MS 3C1
 Tel: 703.993.2580
 Fax: 703.993.2589

Externally Funded Fellowship Payment Form

This form is to be used to pay graduate student recipients of externally funded fellowships associated with research, writing, fieldwork, language study, professional development, or independent projects undertaken in conjunction with a degree program. There is no work component or employment relationship with the university associated with an externally funded fellowship.

Send original to Accounts Payable, MS 3C5. Keep a copy for department records.

Payment will be issued via direct deposit if setup by the student, otherwise checks will be mailed to the student.

<p>Payee Information:</p> <p>Name: _____ <small>(last, first, middle initial)</small></p> <p>G number: _____</p> <p>Address: _____ <small>(number, street, apt)</small></p> <p>_____ <small>(city, state, zip code)</small></p> <p>Date Submitted: _____</p>	<p>Check One:</p> <p><input type="checkbox"/> U.S. citizen/lawful permanent resident</p> <p><input type="checkbox"/> Nonimmigrant visa holder and fellowship activities conducted in the U.S. Visa Status: _____ (Send form to International Tax, MS 4B2)</p> <p><input type="checkbox"/> Non-U.S. citizen OR nonimmigrant visa holder and fellowship activities conducted outside the U.S. Please ask recipient to complete the Educational Activities Statement. Send this form and signed Statement to International Tax, MS 4B2.</p>
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Fellowship Information

Name of Fellowship: _____ Amount: _____

Awarding Organization: _____ Fund: _____ Account: 78522

Is this fellowship being paid in installments? Yes No

If yes, from (first installment date) _____ to (last installment date) _____ Payment _____ of _____ total payments

Total Fellowship: _____ Is this the first payment? Yes No (If yes, OSP approval required below)

Point of Contact: _____ Email: _____

Phone: _____ Fax: _____

Approval

I certify that the above requested fellowship payment is an award granted to a graduate student funded by an organization other than George Mason University to aid the recipient in the pursuit of his/her studies or research. **This payment does not include compensation for services for the benefit of George Mason University and is not related to tuition.** The department is responsible for any university tax liability associated with a payment that is determined to be a payment for services.

Signature of Requestor	Printed Name	Title	Date
Signature of Principal Investigator	Printed Name	Title	Date
Signature of Office of Sponsored Programs (OSP) (first payment only)	Printed Name	Title	Date

International Tax/AP Office Use Only:
Tax Withholding:
Net Amount to Payee:
Deposit Taxes withheld to 84114-25113