



Request for Scholarship or Fellowship Payment

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

Instructions

If this is to pay a Departmental Tuition Grant or Merit Scholarship, stop now. Please use the Department Tuition Grant Form. If there is a work component to this award, please process through Payroll and not on this form. Recipients must be paid a fair market hourly rate of pay for services rendered. Prepare a form for each award recipient. Supply the name of the scholarship or fellowship, if applicable, and the fund or organization and account to be charged. Five digit account codes in the 785xx series apply to these payments, and are available on the General Accounting web site at:

<http://fiscal.gmu.edu/review-account-hierarchy-report/>

Send original to Accounts Payable, MS 3C5, and a copy to the Office of Student Financial Aid, MS 3B5. Keep a copy for department records.

Payee Information:

Name:

G Number:

Address

City State Zip Code

Return check to department, MS

Date Submitted:

Check One:

- U.S. citizen/lawful permanent resident
- Nonimmigrant visa holder and scholarship activities conducted in the U.S.

Visa Status:

(Send form to International Tax, MS 4B2)

- Non-U.S. citizen OR nonimmigrant visa holder and scholarship activities conducted outside the U.S.

Please ask recipient to complete [Educational Activities Statement](#)

Send this form and signed Statement to International Tax, MS 4B2.

Scholarship/Fellowship Information

Name: (of S/F)

Amount:

Awarding Dept:

Fund or Org: Account:

Point of Contact:

Email:

Phone:

Fax:

Approval

I certify that the above requested scholarship or fellowship payment is a grant awarded 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. 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 Approving Official for Fund/Org _____ Printed Name: _____ Title: _____ Date:

International Tax/AP Office Use Only:

Tax Withholding:
Net Amount to Payee:
Deposit Taxes withheld to 84114-25113