

FELLOWSHIP/SCHOLARSHIP PAYMENT REQUEST FORM

Fellowships are reserved for individuals who are students.

| | | | |
|------------------|--------------------------------|-----|----|
| Name | Is the payee a student? | Yes | No |
| Address | Is payee a UC Student? | Yes | No |
| Address | If yes, what campus? | | |
| City, State, Zip | Student ID # <i>UCD Only</i> | | |
| Telephone | Is student a graduate student? | Yes | No |
| Email | | | |

Quarter/year

Name of Fellowship:

Special Instructions:

Account Information:

| | | |
|----------|---------|-----------------------------|
| Account: | Amount: | |
| Account: | Amount: | TOTAL AMOUNT TO PAY: |
| Account: | Amount: | |

Advisor/PI: Supervisor _____ date Unit Head/Designee _____ date

Fiscal Officer _____ date

Date: Preparer Name: Preparer's Email:

BOC-D USE

Email completed, signed form to BOCD

FIRST TIME PAYEES ARE REQUIRED TO SUBMIT A W-9 FORM

Payments to UCD employees will be processed through payroll as a one-time payment after receipt of approval in accordance with campus policy.