Santa Clara University
University Finance Office

ACCOUNTS PAYABLE - STUDENT STIPEND/ PAYMENT **REQUEST** FORM

*****Please include the approved stipend eligibility determination form with your stipend payment request*****

Student In formation:

Name: _____ SCU ID: _____

E-Mail Address: _____ Phone#: _____

Payment Delivery Method (select one). **Instructions for Selecting Payment Methods**

☐ Check (Student must select 'AP Check (mailed)' for Expense Payments)

☐ Direct Deposit **(preferred)** (Student must select 'AP Direct Deposit' for Expense Payments)

Student Authorization:

By sign in g this form, I certify the following **with regard to all stipends:**
1. I have received the Student Stipend Taxability Notice from the University.
2. I understand that a 1099 form will NOT be issued to me as a stipend recipient.

_____ _____
Signature Date

Below section to be completed by the department

Stipend Information:

Position Title: _____ Stipend Number: _____

Total Stipend Amount: _____ No. of Payments: _____

Payment Date #1: _____ Payment Amount #1: _____

Payment Date #2: _____ Payment Amount #2: _____

Payment Date #3: _____ Payment Amount #3: _____

Optional: Please include any additional information you feel is relevant to this stipend request.

Preparer Print Name **Date**

_____ _____