

Bates College
Student Fellowship/Internship Payment Request Form

DIRECT DEPOSIT REQUEST (submit to Payroll) **WIRE REQUEST (submit to Accounting)**

Tax implications vary depending on the citizenship of the recipient; please indicate citizenship of payee:

US Citizen or US Lawful Permanent Resident International (must coordinate tax matters with Payroll Office)

Location where a majority of the project will take place: _____

Payee Name: _____ ID Number: _____

Address: _____

(Tax forms, if any, _____
will be sent here.) _____

Tax ID or Social Security Number: _____ Telephone: _____

ACCOUNTING CODES and PAYMENT SCHEDULE

Fund	Organization	Account	Activity (if applicable)	Location (if applicable)	Amount
		9885			
Program Name: _____					
		9885			
Program Name: _____					

** Attach supporting documents, program description, award letter, etc. ** Total Award: \$ _____ -

Award Payment Schedule:

Start Date: _____ End Date: _____ Number of Payments: _____

Details of payment schedule: _____

AUTHORIZATION

Department Name: _____

Requester: _____
Signature Name (please print) Date

Approver: _____
Signature Name (please print) Date

FOR OFFICE USE ONLY

Processed by: _____ Date Processed: _____

Documentation attached: Yes No If No, please comment: _____
