

UNIVERSITY OF UTAH EDUCATIONAL/RESEARCH TRAINEESHIP GRANT FORM

(For Paying Fellowships, Traineeships, or Other Educational Experiences on Sponsored Awards)

Form Instructions	SECTION I - RECIPIENT INFORMATION										
Payee Name:						UNID -or- La	ast 4 digits of	SOC. SEC. # and	W9:		
Is this payment contingent upon the payee performing any kind of service to The University? Yes No (If Yes, Submit through Payroll.)					Is Recipient a nonresident alien? Yes No						
Is this payment for a currently enrolled, matriculated UofU student? Yes No (If Yes, submit through a request using the Scholarship Administration System.)					If Yes, country of residence:						
Is the recipient paid salary or wages on the project which this payment is to be made from? Yes No (If 'Yes' and funding is 'Participant Support Costs', then recipient cannot be paid a stipend) Department Address:					If Yes, has nonresident completed registration with Tax Services? Yes ☐ No ☐						
SECTION II - PAYMENT EXPLANATION											
Provide a <u>brief</u> explanation of what this payment is for. See <u>instructions</u> for example explanations.											
Important Payment Notes: See the Educational Payments Decision Document and specific instructions for this form. When two payments are required, submit two requests each just prior to the desired payment dates. When three or more payments are required, submit this form only once using the multiple payment option below. The first payment will be paid upon ePR approval and subsequent payments will be scheduled through PeopleSoft. Payments will be paid on consecutive months with releases on the first of every month. When three or more payments are requested, the payments must be made via direct deposit. Please include a Educational Recurring Direct Deposit Authorization Form.											
SECTION III - PAYMENT INFORMATION											
Please read the <u>instructions</u> that accompany this form. This form can accommodate single or multiple payments. If you need just two payments, please just submit two requests. If you need 3 or more payments, use the fields below to define the payment schedule. ePR MUST generate the first payment. Subsequent payments will be manually scheduled by Accounts Payable. The ePR request should match the chartfields and first month amount listed below. The first payment will release as soon as this ePR request is approved. The scheduled payments will release on the first of each month according to the schedule below. Please indicate the amount here even if it represents only a single payment.											
Educational/Researc								· · · · ·	On an Activity (see Po		
BU ORG F	ACTIVITY	PROJECT	ACCOUNT	A/U	BU	ORG	FUND	ACTIVITY	PROJECT	ACCOUNT	A/U
Initial Payment:											
Quantity \$ Total Recurring Pmt: Start Month:						ring Paym	Qι	uantity \$	Total		
Final Pmt: End Month:					Final Payment:						
Scheduled Total:						luled Total	:			•	
Project Total:	Activi	ty Total:				•					
ePR Total:		+ Sc	theduled Tot	al:				=	Grand Total:		
SECTION IV - ATTESTATION											
Authorized Signers: An Account Executive / PI (or authorized alternate) with the responsibility to approve and commit University funds must review and sign this form. My signature certifies that no services to the University, past, present, or future are required from this recipient.											
Authorized Signatory on the		Date		or's Name, U							
										Signature Ve	rified By
Signature Verified By Submit this form via ePR using the Type: Scholarship/Fellowship/Traineeship & Business Purpose: Traineeship.											