IOWA STATE UNIVERSITY

SPONSORED PROGRAMS ACCOUNTING | CONTROLLER'S DEPARTMENT

Participant Support Cost Form for Sponsored Projects

Payments for Participants on sponsored projects are processed using the Supplier Invoice. Stipend payment vouchers must be routed to Finance Delivery via Service Now.

| Payee Name (Last, First MI) | | | | | | Principal Investigator Name | | | | |
|--|-------------------|--------------|-------------|------------------------------------|--|--|--|----------------|------------------------|--|
| Payee ID # Phone # | | | | Address where Check can be Mailed: | | | | | | |
| Worktag(s) to be used: | | | | | | Grant Beginning Date | | Grant End Date | | |
| GRANT GIFT PROGRAM DEPT DETA | | | DEPT DETAIL | AIL PROJECT | | | | | | |
| | | | | | | | | | | |
| Payee Classification | | | | | | Type of Activity (as described in the statement of work) | | | | |
| Non-IS | ISU Studer | | | | | | | | | |
| ISU Student Classification | | | | | | Participant Activity Begin Date Partici | | Participan | oant Activity End Date | |
| Undergraduate Graduate Student MS | | | | | | | | | | |
| Graduate S | | | | | | | | | | |
| ISU Student Classification Non-resident Alien | | | | | | | | | | |
| U.S. Citizen Visa Type:(required for non-resident alien) | | | | | | | | | | |
| Permanent Resident Country of Residence: | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | Am | ount | |
| SC10122- Support Cost Stipends - Stipend payment to a non-employee of ISU (including a non- | | | | | | | | | | |
| employee stud | red a payment for | | | | | | | | | |
| services. | | | | | | | | | | |
| I am receiving other financial aid. N Y | | | | | | | | | | |
| If yes, discuss the stipend payment with Financial Aid Office. Stipend payments may affect financial aid. | | | | | | | | | | |
| I understand and agree: (1) I am solely responsible for payment of any taxes due for any educational reimbursements found to be taxable; (2) Iowa State | | | | | | | | | | |
| University's tax withholding policy and any decision by the University to withhold or not withhold taxes from educational reimbursements does not | | | | | | | | | | |
| constitute tax advice and I should contact the Internal Revenue Service or my personal tax adviser for advice when determining how the tax laws apply to | | | | | | | | | | |
| my situation; and (3) to hold the University harmless from any claim associated with the University's withholdin | | | | | | | | | | |
| Participant Sig | gnature | | | | | | | Date | | |
| | 1 | | | | | | | | | |
| I certify that sponsored project award being used for Participant Support Cost was budgeted and the cost is allowable per the sponsor's | | | | | | | | | | |
| guidelines. Funds for this cost will not be re-budgeted into other categories except with the prior written approval of the sponsor. The | | | | | | | | | | |
| Participant cost are for stipends or subsistence allowances, travel allowances, and registration fees paid to or on behalf of participants or | | | | | | | | | | |
| trainees in connection with conferences or training projects. This is not considered a payment for services. | | | | | | | | | | |
| Supervisor/Prin | cipal Investiga | tor Signatur | e | | | | | Date | | |
| Cost Center Ma | nager Signatu | re. | | | | | | Date | | |
| Cost Conton Ma | inager Digitatu | | | | | | | | | |