



Stipend Request Form

*This process can only be used for paying an individual **not employed** at the University of Washington and **not a business**.*

Grant Name: Project TELL-EQUITY: August Institute

Participating School in which you work: _____

Amount: _____

Budget Number: GR026096.

Purpose of Payment: Professional Development for Participants

Payee Name: _____

(Exactly as it appears on your social security card – this is how the check will be issued)

Please check one (required for payment): US Citizen Resident Alien Nonresident Alien

Payee Social Security Number: _____

(Required for payment if U.S. Citizen Box above was checked. Stipends can be considered taxable income and is reported to IRS)

Payee Home Address: _____ **City** _____ **Zip** _____

Payee Mailing Address (if different than Home Address): _____

Payee Email Address: _____

Payee Phone Number: _____

Payee Signature: _____ **Date:** _____

Please return completed form to (DO NOT fax or email)

Donna Braboy
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1900 Commerce Street
Tacoma, WA 98402