



FELLOWSHIP PAYMENT REQUEST

RECIPIENT INFORMATION

LAST NAME	FIRST NAME	MI
ID	EMAIL	
MAILING ADDRESS		
CITY	STATE	ZIP

ENCUMBRANCE INFORMATION

ENC NUMBER _____ ENC TOTAL _____
 FUND _____ ORG _____

MARK ONE:

MAIL CHECK **DIRECT DEPOSIT**

DISBURSEMENT SCHEDULE (ATTACH ADDITIONAL SHEET IF NECESSARY)

DATE*	AMOUNT	NOTES

*Payments will be made with A/P discretion as close to dates provided as possible. Payment dates are not guaranteed, but are used as guidance.

DEPARTMENT CONTACT INFORMATION

PRINCIPAL INVESTIGATOR _____ PHONE _____ EMAIL _____
 ADVISOR _____ PHONE _____ EMAIL _____
 REQUESTOR _____ PHONE _____ EMAIL _____

STUDENT STATUS

IS THE RECIPIENT A CURRENT STUDENT WITH THE UNIVERSITY OF ALASKA? YES NO
 IF YES, PLEASE USE ACCOUNT CODE 6221 AND AN FA PROGRAM CODE IS REQUIRED
 IF NO, PLEASE USE ACCOUNT CODE 3014, DO NOT USE AN FA PROGRAM CODE

INTERNATIONAL STATUS

US CITIZEN OR PERMANENT RESIDENT ALIEN? YES NO
 IF YES, PLEASE COMPLETE AND ATTACH A W-9
 IF NO, TAX RATE IS DETERMINED USING GLACIER ONLINE TAX COMPLIANCE SYSTEM

PLEASE SUBMIT FELLOWSHIP DOCUMENTS TO OFA. THE RECIPIENT WILL RECEIVE A SYSTEM EMAIL WITH GLACIER ENROLLMENT INSTRUCTIONS. FELLOWSHIP PAYMENT(S) WILL NOT BEGIN UNTIL ENROLLMENT IS COMPLETED.

APPROVAL

 PRINCIPAL INVESTIGATOR SIGNATURE

 DATE

OFA USE ONLY					
GLACIER ENROLL OR N/A	DATE	APPROVED FOR PAYMENT	DATE	DISBURSEMENT SCHEDULED	DATE



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ADDITIONAL DISBURSEMENT SCHEDULE

DATE*	AMOUNT	NOTES

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