

## UNIVERSITY OF HAWAII

### STUDENT FELLOWSHIP/TRAINESHIP/STIPEND INITIAL PAYMENT REQUEST

(Shaded items represent information to be completed by Disbursing. See instructions.)

<b>Document Number</b>
F _____

**WH-1 MUST BE ATTACHED. OTHERWISE, FORM WILL NOT BE PROCESSED.**

Complete the following to assist in determining the tax status as recommended by the Internal Revenue Service.

- A. Does this payment require the recipient to perform certain special services outside of his/her study?  Yes  No
- B. If above answer is "yes", are the services required for all students in this field of study?  Yes  No

Description of Award:

Grant Number: \_\_\_\_\_ Grant Title: \_\_\_\_\_

Total Amount to be Paid: \$ \_\_\_\_\_ Award Period: \_\_\_\_\_ to \_\_\_\_\_

PAYEE'S NAME (Last name, First name, Middle Initial)	Social Security Number
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PAYEE'S PERMANENT MAILING ADDRESS

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE : \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DEPARTMENT	VOUCHER NUMBER	VENDOR CODE
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ACCOUNT CODE	SUBCODE	TYPE	P/F/N	AMOUNT
		9 		
			Total	\$

PREPARED BY: \_\_\_\_\_  
PROJECT DIRECTOR DATE

APPROVED BY: \_\_\_\_\_  
DEAN/DIRECTOR DATE

\_\_\_\_\_  
FISCAL OFFICER DATE FO CODE

NOTE: Use of this form does not automatically exclude the above student from tax liability. Refer all questions about tax status to the local branch of the Internal Revenue Service.