

(Benefit to payee, not to be used for payment for services)

**1 of 7 - Check Payment Type** \* Overview: Payments to Medical Residents, Clinical Fellows and Postdoctoral

- Fellowship
  Award (Stanford Student)
  SHC Medical Resident / Clinical Fellow

**2 of 7 - Payee Information**

Name (last, first):  Date of Birth:  /  /   
 (dd) (mm) (yyyy)

Identification Number (indicate ID type below):   
 Stanford University 8-Digit Number (preferred)  
 Social Security Number or ITIN (provide only if Stanford University 8-digit ID not available)

Payee Mailing Address:

Department Name:  Department Mail Code:

**3 of 7 - Payment Delivery Method**

\* Repetitive monthly payments are mailed to Department Mail Code to arrive by the last business day of each month. Direct deposit is available if the payment is paid on this cycle.

Send check to Department Mail Code  
 Hold check for pick up at Payroll & Payment Services Will Call (459 Lagunita Drive, Suite 7, 2nd floor, Tresidder Memorial Union, Stanford, CA 94305)

**4 of 7 - PTA Information and Payment Amount**

Project	Task	Award	# PMTS	From	Thru	Each PMT	Total PMT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Remarks (Indicate the business purpose and any special instructions): <input type="text"/>						TOTAL \$	<input type="text"/>

**5 of 7 - Declaration of Tax Status and Payee's Signature**

I am a U.S. Citizen.  
 - Payee's signature required: \_\_\_\_\_ Payee's Signature for U.S. Citizen

I am a U.S. Permanent Resident.  
 - Attach a copy of the Permanent Resident Card (Green Card)  
 - Payee's signature required: \_\_\_\_\_ Payee's Signature for U.S. Permanent Resident

I am not a U.S. Citizen AND I am not a U.S. Permanent Resident. Attach the following backup documents:  
 - Copy of foreign passport  
 - Copy of U.S. visa with stamps  
 - Copy of I-94 card  
 - Copy of signed DS-2019 with stipend amount included, or I-20 form  
 - Completed [LA-6 Form](#) with Payee's signature, listing all dates of presence in the U.S.  
 - Payee's Signature required: \_\_\_\_\_ Payee's Signature

**6 of 7 - Preparer's Information and Approval Signature**

Prepared by:  SUNet ID:  Date:

Approval Signature:  SUNet ID:  Date:

**7 of 7 - Submission Instructions to Payroll**

- Complete the form, print, and collect all required signatures
- Send to Payroll:
  - Scan and send via secure email to [su21payments@stanford.edu](mailto:su21payments@stanford.edu) (put **Secure:** anywhere in the subject line of the message)
  - OR, ID mail to: MC 8440

**Payroll Office Use Only**

Payee Type:  New  Reactivate  Other Job Code:  Repetitive:  On-Cycle:

Check #:  Date:  Net: \$  YRLY: \$  Tax Rate:  %