NCSU Department of Computer Science Stipend/Honorarium Form

*Non NCSU students/visitors must also complete Form W-9

| **Request must be submitted to CSC Accour | iting Office at least two weeks prior to payment due date. |
|--|--|
| Date: | |
| Payee Full Name: | |
| Current Home Address: | |
| US Citizen (required for vendor ID request) | Yes No |
| Vendor ID: | |
| Amount to be paid: | |
| Purpose for Receiving Payment: | |
| Project to be charged: | |
| | |
| PI/Dept Head Approval/Signature | Date |
| PI/Dept Head Name (Please Print): Gregg Rothermel, CSC Department Head | |
| To be completed by PI/Dept Head: | |
| Payment Due Date: | |
| Invoice Number: | |

(ex: Last Name_Payment Number)

New Vendors must also submit W-9 and ACH Enrollment Forms