

# HONORARIUM / STIPEND PAYMENT REQUEST FORM \*\*\*

FORM EXPIRES 12-31-2005

TO CHANGE CURRENT FILE FILL IN NAME, MAILCODE  
UID #, DATA TO BE CHANGED AND EXPLANATION

check one:

<input type="checkbox"/>	CURRENT ON BUSC
<input type="checkbox"/>	NON-CURRENT

US Social Security # or ITIN required

<b>LIL2</b>	UNIVERSITY ID NUMBER
B   U   S   C   U	

SOCIAL SECURITY # OR ITIN	
0	

MAILCODE

EFFECTIVE DATE	
Y   Y   Y   Y	M   M   D   D

NAME (LAST NAME-COMMA-DOUBLE SPACE-FIRST NAME-SPACE-MIDDLE INITIAL)	BIRTH DATE	SEX
	Y   Y   Y   Y   M   M   D   D	

NOTES:

HOME ADDRESS (STREET, P.O. BOX #, APARTMENT NUMBER)

HOME CITY OR TOWN	STATE	ZIP CODE

PAYMENT CODE	I-9 MAILCODE	W4E	COUNTRY OF CITIZENSHIP	VISA TYPE	VISA EXPIRATION DATE	DATE OF ENTRY INTO US
	Z   Z   Z   9   9	B			Y   Y   Y   Y   M   M   D   D	Y   Y   Y   Y   M   M   D   D

PAYROLL SCREENS:  
218-219-222-081-150-216

METH	MS	EXEMPTIONS	PERCENT OF WITHHOLDING	METH	MS	EXEMPTN	PERCENT OF WITHHOLDING	ST RES	ST WK	FICA	FUI	RSUI	ESUI	SDI	WKRS	COMP CODE	EMPL CD
3	S	0 0 0	0 0 3 0 0 0	3	S	0 0	0 0 0 5 3 0	0 0	2 2	B	N	B	N	A	0 0 0 0	S T	FNNT HONORARIUM
2	S	9 9 9	0 0 0 0 0 0	2	S	9 9	0 0 0 0 0 0	0 0	2 2	B	N	B	N	A	0 0 0 0	S T	FNWT HONORARIUM
2	S	9 9 9	0 0 0 0 0 0	1	S	0 0	0 0 0 0 0 0	0 0	0 0	B	N	B	N	A	0 0 0 0	S T	FNWT STIPEND
3	S	0 0 0	0 0 1 4 0 0	1	S	0 0	0 0 0 0 0 0	0 0	0 0	B	N	B	N	A	0 0 0 0	S T	FNNT STIPEND

D/OE CODE	FUND-UNIT	DEPT	OBJECT	SOURCE	AMT PER PAY PERIOD	START DATE*	STOP DATE plus 1**
D	0 0		0			Y   Y   Y   Y   M   M   D   D	Y   Y   Y   Y   M   M   D   D
D	0 0		0			Y   Y   Y   Y   M   M   D   D	Y   Y   Y   Y   M   M   D   D

Please explain changes if canceling or revising existing lines

- \* Start date must be the 1st of the starting month
- \*\* Stop date must be the 1st day of the month following last pymt
- \*\*\* Form valid to pay stipends to registered students at BU, and honorarium to non-resident aliens.

\_\_\_\_\_  
PHONE #

\_\_\_\_\_  
PHONE #

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTHORIZED SIGNATURE(S)