Accounts Payable
MSN 3C1
Tel: 3-2580 | Fax: 3-2589

# Request for Participant Support Allowance Payment

## Instructions

Submit this request (eVA order not required) for participant support allowance payments that are specifically funded on a sponsored project. Please prepare a form for each participant. This request should **NOT** be used:

- *For participant supplies or travel that should be processed on a Travel Reimbursement Voucher.*
- *If there is a work component to this award. Payment for services rendered must be processed through Payroll and not on this form.*

**Distribution:** U.S. citizens and lawful permanent residents, please send original and participant documentation to Accounts Payable, MS 3C1; others: please send original to International Tax, MS 4B2. Retain copy for department records

## Participant Information

Name: _____

G Number*: _____

*Attach W-9 or W-8 if participant does not have G#

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Purpose of Allowance:

## Check One:

☐ US citizen/lawful permanent resident

☐ Nonimmigrant visa holder and participant activities conducted in the U.S.

Visa Status: _____

- Send form and participant documentation to International Tax Office, MSN 4B2

☐ Non-US citizen OR Nonimmigrant visa holder and participant activities conducted outside the U.S.

- Please ask recipient to complete Statement for Educational Activities Performed Outside the U.S.
- Send this form, participant documentation, and signed Statement to International Tax, MS 4B2

## Contact Information

Requestor Name: _____

College/Department/Center: _____

E-mail: _____

Phone Number: _____

## Payment Information

Amount: _____

Payment amounts exceeding $600.00 may be 1099 reportable

Fund: _____

Account: 78583, Participant Allowance Excluded from F&A

Check One:

☐ Mail check to address above

☐ Return check to department MSN _____

## Approval

I certify that the above requested participant support allowance is awarded to aid the participant in the pursuit of his/her studies or research. **This payment is not to a George Mason University employee and does not include compensation for services for the benefit of George Mason University.** The department is responsible for any university tax liability associated with a payment that is determined to be a payment for services.

| Signature of Requester | Requestor Name | Title | Date |
|---|---|---|---|
| Signature of Approving Official for Fund | Approver Name | Title | Date |

**International Tax/AP Office Use Only:**

Tax Withholding: _____ Net Amount to Payee: _____

Comments: _____

Approved by: _____ Date: _____

Deposit Taxes withheld to 84114-25113