Amherst College
Request for Student Payment

Name:_____ **Student ID**:_____

Payment Instructions- All Students are enrolled in FINEXIO(1).They will receive an email from FINEXIO when payment is available.

Purpose of Payment: _____
If payment will be used for study, research, travel or other expenses outside of the U.S., please list the country.
Please check payment type in one of the following three boxes:

___ **Reimbursement of Amherst College business expenses**

___ **Fellowship/Scholarship** (including reimbursement and allowances for travel, living and supplies for independent study and research projects, and other academic support). Please check box if funds are for expenses related to Amherst College academic credit, including thesis related expenses. ☐

Is student a U.S. citizen or resident?   ___ Yes   ___ No
                                                                    (Stop- proceed to payment)
If answer is **No**, is fellowship/internship outside the United States?   ___ Yes   ___ No
                                                                                      (report on 1042-S)
If answer is **No,** is student eligible for treaty benefits?   ___ Yes   ___ No
If answer is **No**, the payment is subject to **14% federal income tax withholding (2).
Insert date _____ of Financial Aid confirmation of tax residency and treaty eligibility.

___ **Prize/Award**
Is student a U.S. citizen or resident?   ___ Yes   ___ No
                                                                    (report on 1099)   (report on 1042-S)
If answer is **No**, is student eligible for treaty benefits?   ___ Yes   ___ No
If answer is **No**, the prize is subject to **30% federal income tax withholding (2).
Insert date _____ of Financial Aid confirmation of tax residency and treaty eligibility.

Amount of Payment: $_____   **Cost Center/Spend/Gift/Worktags**
                                                          _____

Tax Withholding:** $_____   **General Admin/ Tax Withholding**

Net Payment (less tax withholding): $_____

Department: _____   **Approver: Printed Name _____**

Signature _____

This form should be used to request payment through Accounts Payable for any payment to a student that is not a scholarship processed through financial aid or compensation for services processed through payroll.

(1) Please refer to Shared Services for information on FINEXIO or access through www.finexio.com
(2) Please refer to Policy for Granting a Fellowship Award to an International Person for exceptions to this rate.