

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

Payee (last, first):

Identification Number (Check one box):

Stanford ID Number (preferred)
 Social Security Number or ITIN (provide only if Stanford ID not available)

Payee Mailing Address:

Department Name: Dept. Mail Code:

3 of 7 - Payment Delivery Method

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

Send check to Dept. 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
TOTAL							<input type="text"/>

Remarks (Indicate the business purpose and any special instructions):

5 of 7 - Declaration of Tax Status

I am a U.S. Citizen. _____
 - Payee's signature required Payee's Signature

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

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 signed DS-2019 or I-20
 - Copy of I-94 card
 - Completed [LA-6 Form](#) listing all dates of presence in the U.S., and Payee's Signature required: _____

6 of 7 - Preparer's Information and Approval Signature

Prepared by: Ext: Date:

Approval Signature: _____ Ext: Date:

- 7 of 7 - Instructions**
- 1) Complete the form and print
 - 2) Collect all required signatures
 - 3) Submit the completed form and required documents to Payroll (MC: 8440), or fax to 1-650-723-7238