

# UC San Diego

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## INTEGRATED PROCURE-TO-PAY SOLUTIONS

### Fellowship Stipend Request

#### Payment Information

\*Payee Name:

\*Employee's UC Path Employee Number:

\*Payee Address

\*Type of Stipend

\*Monthly Payment Amount:

\*Total Payment Amount:

\*Term of Stipend

\*First Payment to Be issued on date of:

\*Final Payment to Be issued on date of:

\*Accounting Allocation - Chart String/ POETAF

\*Entity:

\*Fund:

\*Financial Unit:

\*Account:

\*Function:

\*Program:

\*Location:

\*Is this associated with a project? If Yes, please complete the POETAF, if not, you can leave these fields blank

Project :

Task:

Expenditure Item Date:

Expenditure Type: (this should tie back to the Account that was chosen under COA)

Is this sponsored research? If Yes, please complete the AF, if not, you can leave these fields blank

Contract Award Number:

Funding Source:

Additional information/ helpful knowledge for processing this request

**\*\*ATTACHMENTS: REQUIRED\*\***

-Backup

Department:

Request Prepared by:

Request Approved by:

**\*\*\*Please save this document and attach it to the Service and Support Ticket\*\*\***