

Student ID:  Student Name:  Address:			Date:	
			Index number: Index name:	
				City:
Total Stipend Amount	Requested:		Due Date of Payment:	
Name of Requestor (fo	or questions rel	ated to this request)	:	
•	riately a non-er	•	th the stipend is sought and provide a brief explanation for why ed on the factors in the Villanova University Undergraduate	
that the non-employe	e nature of the	role has been comm	ard letters or other supporting documents. Documentation unicated to the student in writing must accompany the requestent Payment Guide for the relevant language.	
College Level Approva	l of Non-emplo	yee role and stipend	amount (to be signed by College Finance or designee):	
Name of Approver:				
All fields are required for	r this request to I	be processed. Forms w	vith missing information may be returned or delayed. This form and	

This stipend payment is not considered to be a 1099 reportable service. The recipient is responsible for reporting this income, where

supporting documents can be sent to Procurement@villanova.edu

applicable for tax purposes.