

Purpose of this Form: To report an in kind non-qualified scholarship or fellowship that was provided to a student. An in-kind non-qualified scholarship or fellowship is providing goods or services, rather than money, to a student to aid the student's education. Examples include paying for the student's lodging, travel, or meals or buying personal property for the student such as a computer.

Student Information

Student's Name: _____
 Mailing Address Line 1: _____
 Mailing Address Line 2: _____
 City: _____ State: _____ Zip Code: _____

Describe the nature and payment of the in kind non-qualified scholarship or fellowship provided (see example below):

Example Description: XYZ Department paid for the housing of a student involved in the ABC Summer Program. The housing was paid for two weeks, June 16 through June 27, in Geneva, Switzerland. The housing was paid using PO 123456 for \$1,000. Also, the student was provided with three meals each day.

Provide a good faith estimate of the value of the scholarship or fellowship provided: _____

Note: Estimate generally based on cost. If you are unsure how to estimate the value, contact [Taxation](#).

Have you (the requestor) reviewed the university's [FCPA Guidance](#)? _____

Describe any FCPA related concerns with the provided scholarship/fellowship: _____

Is the student a U.S. citizen or US Taxing Resident? _____

If "YES", skip to "Signature of Preparer" section.

If "NO" and the student is residing in an international location with no US tax obligation, skip to "Signature of Preparer" section.

If "NO" and the student is residing in the U.S. or has a U.S. tax obligation, the [Foreign National Information Form \[pdf\]](#), as well as an Oracle String below, must be submitted with this request.

General Ledger

Object Code	Funding	Function	Activity	Organization	Entity
85260					

Grants Management*

Project	Task	Award	Expenditure Type (Text)	Organization (Text)
			Non-qualified scholarship & Fellowship	

*Sponsored Projects Accounting (SPA) signature is required if charging to a sponsored (1XXXXXX) award.

SPA Approver: _____

Signature of Preparer (This individual will be contacted regarding any questions on the form.)

Preparer _____ **Signature** _____

Title _____ Phone Number _____

Administrative Leadership Group (ALG) Authorization:

ALG Approver _____ **Signature*** _____

*Note: For Accounts Payable processing purposes, once the ALG Approver signature field is completed, the form will lock and no longer be editable.

Submit completed form to Accounts Payable
at ap-supplier-doc@andrew.cmu.edu.