

Prepared by Disbursing Office
This replaces Administrative Procedure No. A8.856
dated July 1982

A8.856
July 1996

A8.800 Disbursing/Accounts Payable and Payroll

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A8.856 Student Fellowship, Traineeship, and Stipend Payments

1. Purpose

These instructions establish procedures for the preparation and submission of the following forms:

- a. FMIS-36, Student Fellowship/Traineeship/Stipend Initial Payment Request (Attachment 1).
- b. FMIS-36A, List of Student Fellowship/Traineeship/Stipend Payments (Attachment 2).

2. Definitions

- a. Fellowships - A form of financial assistance awarded primarily on the basis of academic achievement and vocational and professional objectives. These are generally awarded to graduate and post-graduate students who are not required to render service to the institution as a consideration of their awards, or to repay them. Most awards at the University are made by the Office of Research Administration in conjunction with the departments concerned or in cooperation with certain sponsoring agencies which require direct student applications.
- b. Traineeships - A form of financial assistance equivalent to fellowships for graduate students in professional and scientific fields, such as engineering, public health and bacteriology. Students apply to their respective departments for awards which are generally financed by the state or federal government.
- c. Stipends - A form of financial assistance awarded to students for participating in programs that are educational in nature. Participation provides students with opportunities to gain skills and experience in leadership, community development, organization, volunteerism, and human relations.

3. Applicability/Responsibilities

- a. These instructions herein apply to Project Directors, Fiscal Officers, and Dean/Directors who are involved in programs related to fellowship, traineeship, and stipend payments.
- b. These instructions do not apply to the processing of scholarship/grant/loan payments by the U.H. Financial Aids Office (Refer to APM A8.857, Student Scholarship/Grant/Loan Payments), or payments made to students for employment purposes, graduate assistanceships and certain post-doctoral awards which require "internship" services.
- c. FMIS-36 and FMIS-36A are available at the Disbursing Office. Questions related to the processing of fellowship, traineeship, and stipend payments are to be directed to that office.
- d. Encumbrance of funds committed for fellowship, traineeship, and stipend payments may be entered into the U.H. Financial Management Information System via the "Miscellaneous Encumbrance Form" (FMIS-35).
- e. Only those fellowships, traineeship and stipend payments which are considered to be non-taxable income to students may be processed on FMIS-36 and FMIS-36A. For this purpose, Project Directors are required to indicate whether special services are required of each award recipient by answering questions a. and b. on the form. Although use of the subject forms results in no tax withholding by the University, the Internal Revenue Service reserves the right for further determination of tax liability.
- f. Fiscal Officers and Program Managers (Approving Authority) who approve student fellowship, traineeship and stipend payments are responsible for compliance with applicable Federal and State laws, rules, regulations, and University policies and procedures.

4. Guidelines

- a. FMIS-36 is used to document and to process the initial payment of a fellowship, traineeship, or stipend award. A WH-1 must be attached to FMIS-36 for initial payment processing (e.g. Award is for a 3 year period. Only the initial payment requires submittal of FMIS-36 to establish the individual on the vendor file.)

- b. FMIS-36 is not used for the aforementioned "exclusions" and if questions a. and b. on this form are answered "Yes" and "No," respectively.
- c. FMIS-36A is used to list one or more recipients for their second and subsequent fellowship and traineeship payments.

5. Procedures

a. Procedure for the preparation and distribution of FMIS-36.

1) Action to be Taken by Project Director

- a) Assures that the recipient of this award fully meets all the requirements as stipulated on the award letter.
- b) Prepares and forwards original FMIS-36 and original WH-1 to the Dean/Director.

2) Action to be Taken by Dean/Director

- a) Reviews the award for propriety as to the overall policies of the college or institution's program insuring that expenditures are made within the special provisions and requirements for each award letter. (Authority to review and approve FMIS-36, regardless of source of funds, has been delegated to the Deans and Directors by the Office of Research Administration (ORA) effective May 1, 1990.)
- b) If approved, signs and forwards original FMIS-36 and attached WH-1 to the Fiscal Officer responsible for the account from which disbursements will be made.
- c) Program Managers (Approving Authority) who approve payments on the forms FMIS-36 and FMIS-36A are responsible for compliance with applicable Federal and State laws, rules, regulations, and University policies and procedures.
- d) If disapproved, indicates reason for disapproval and returns original to Project Director.

3) Action to be Taken by Fiscal Officer

- a) Assures the proper use and completeness of the form and accuracy of data, specifically on the utilization of subcodes (see List of Subcodes -

Attachment 3).

- b) Certifies the availability of funds for the initial payment processed.
- c) If approved, signs and forwards original FMIS-36 and attached WH-1 to Disbursing.
- d) Fiscal Officers who approve payments on the Form FMIS-36 and Form FMIS-36A are responsible for compliance with applicable Federal and State laws, rules, regulations, and University policies and procedures.
- e) If disapproved, indicates reason for disapproval and returns forms to the Project Director.
- f) As an option for the budgetary control of funds, utilizes the Miscellaneous Encumbrance Form, FMIS-35, to encumber the total amount awarded by Document Number (i.e. FXXXXXX). As payments are processed, a Partial (P) payment or Final (F) payment, the encumbered funds will be liquidated. Final payments (F) will liquidate remaining balances. The same FXXXXXX miscellaneous encumbrance document number must be used on all payment documents processed against the encumbrance.

4) Action to be Taken by Disbursing Office

- a) Preaudits for proper authorizations and completeness of form (see sample on Attachment 4).
- b) Batches and data enters original FMIS-36 to process check.
- c) Checks will be sorted by fiscal officers and held for pick up on Oahu and mailed to the outer islands.

b. Procedure for the preparation and distribution of FMIS-36A.

1) Action to be Taken by Project Director

- a) Insures that all awards are reviewed for changes before the second and subsequent payments are made.
- b) Completes FMIS-36A (see sample on Attachment 5).

- c) Signs and forwards the original to the Fiscal Officer responsible for the account from which disbursements will be made.

2) Action to be Taken by Fiscal Officer

- a) Insures propriety and completeness of the form; the accuracy of the data, specifically on the utilization of sub codes (see List of Subcodes- Attachment 3); and the certification to the availability of funds.
- b) If approved, signs and forwards original to the Disbursing Office.
- c) If disapproved, indicates reason for disapproval and returns to the Project Director.

3) Action to be Taken by Disbursing Office

- a) Preaudits for proper authorizations and completeness of form.
- b) Batches and data enters original FMIS-36A to process check.
- c) Checks will be sorted by fiscal officers and held for pick up on Oahu and mailed to the outer islands.

6. Payee Name Change/Address Change

In the event there is a name change (e.g. due to marriage) or an address change, complete FMIS-12, Vendor Maintenance Form (Attachment 6). Name changes must be supported by an updated copy of the payee's Social Security card or a copy of the validated Social Security Application.

7. Availability of Forms

Supplies of the Student Fellowship/Traineeship/Stipend Initial Payment Request (FMIS-36) and List of Student Fellowship/Traineeship/Stipend Payments (FMIS-36A) are available upon request from the Disbursing and Payroll Office.

UNIVERSITY OF HAWAII

STUDENT FELLOWSHIP/TRAINESHIP/STIPEND INITIAL PAYMENT REQUEST

DATE: ____/____/____

(MM/DD/YY)

DOCUMENT NUMBER

F _____

(Shaded items represent information to be completed by Disbursing. See reverse side for instructions.)

WH-1 MUST BE ATTACHED. OTHERWISE, FORM WILL NOT BE PROCESSED.

Complete the following to assist in determining the tax status as recommended by the Internal Revenue Service:

A. Does this payment require the recipient to perform certain special services outside of his/her study? Yes No

B. If above is "yes", are the services required for all students in this field of study? Yes No

Description of Award:

Grant No. _____ Grant Title _____

Total Amount to be Paid \$ _____ Award Period _____ to _____

PAYEE'S NAME (Last Name, First Name, Middle Initial)	SOCIAL SECURITY NUMBER
--------------------------------------------------------	------------------------

PAYEE'S PERMANENT MAILING ADDRESS		
ADDRESS: _____		
CITY: _____	STATE: _____	ZIP CODE: _____

DEPARTMENT		
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ACCOUNT CODE	SUBCODE		P/F/N	AMOUNT
		9		
			Total	\$

PREPARED BY: _____ PROJECT DIRECTOR _____ DATE _____

APPROVED BY: _____ DEAN/DIRECTOR _____ DATE _____

FISCAL OFFICER _____ DATE _____ F.O. CODE _____

NOTE: Use of this form does not automatically exclude the above student from tax liability. Refer all questions about tax status to the local branch of the Internal Revenue Service.

UNIVERSITY OF HAWAII
FORM INSTRUCTIONS
STUDENT FELLOWSHIP/TRAINESHIP/STIPEND INITIAL PAYMENT REQUEST (FMIS-36)

PURPOSE: To process the initial fellowship, traineeship, or stipend payment to a student.

DATA ITEM	COMPLETION INSTRUCTIONS
	All fields must be completed unless noted as <u>optional</u> . Shaded items represent information to be completed by Disbursing. Refer to APM A8.856 for detailed policies and procedures.
CAMPUS	Enter campus code. Refer to Table A12.099.
DATE	Enter date form prepared.
DOCUMENT NUMBER	Enter 6-digit document number after "F". First 3 digits, 3-digit Fiscal Officer code. Last 3 digits are sequential control number assignment.
QUESTIONS A & B	Indicate Yes/No to the questions by placing an "X" in the appropriate box. If question A and question B are answered "Yes" and "No", respectively, do <u>not</u> use this form.
DESCRIPTION OF AWARD	Enter the Grant Number and Title, the Total Amount to be Paid, and the Award Period.
PAYEE'S NAME	Enter payee's last name, first name and middle initial.
SOCIAL SECURITY NUMBER	Enter payee's social security number.
PAYEE'S PERMANENT MAILING ADDRESS	Enter payee's permanent mailing address.
DEPARTMENT	Enter department name.
VOUCHER NO.	Enter voucher number.
VENDOR CODE	Enter vendor code.
ACCOUNT CODE	Enter 6-digit account code.
SUBCODE	Enter 4-digit subcode. Refer to APM A8.856, Attachment 3).
TYPE	Predefined.
P/F/N	Enter "N" for direct payment. If a miscellaneous encumbrance has been issued, enter a "P" for partial payment or "F" for final payment (any remaining encumbrance deleted).
AMOUNT	Enter amount of fellowship/traineeship/stipend awarded to payee for each account distribution.
TOTAL	Enter total payment amount.
SIGNATURES	Signatures and dates are required by appropriate Project Director, Dean/Director and Fiscal Officer.

Submit the original Student Fellowship/Traineeship/Stipend Initial Payment Request and WH-1 document to the Disbursing Office after approvals have been obtained.

FMIS-36A

CAMPUS: _____

DATE: ____/____/____
(MM/DD/YY)

UNIVERSITY OF HAWAII

LIST OF STUDENT FELLOWSHIP/TRAINESHIP/STIPEND PAYMENTS

(Shaded items represent information to be completed by Disbursing. See reverse side for instructions)

DOCUMENT NUMBER F _____

DEPARTMENT						
PAYEE'S ID	SOCIAL SECURITY NUMBER	PAYEE'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)	ACCOUNT CODE	SUBCODE	P/F/N	AMOUNT
					9	
					TOTAL	\$

PREPARED BY: _____
PROJECT DIRECTOR DATE

APPROVED BY: _____
FISCAL OFFICER DATE F.O. CODE

UNIVERSITY OF HAWAII
FORM INSTRUCTIONS
LIST OF STUDENT FELLOWSHIP/TRAINEESHIP/STIPEND PAYMENTS (FMIS-36A)

PURPOSE:	To process subsequent student fellowship, traineeship, or stipend payments. Initial payment required on FMIS-36.
DATA ITEM	COMPLETION INSTRUCTIONS
	All fields must be completed unless noted as <u>optional</u>. Shaded items represent information to be completed by Disbursing. Refer to APM A8.856 for detailed policies and procedures.
CAMPUS	Enter campus code. Refer to Table A12.099.
DATE	Enter date form prepared.
DOCUMENT NUMBER	Enter 6-digit document number after "F". First 3 digits, 3-digit Fiscal Officer code. Last 3 digits are sequential control number assignment.
DEPARTMENT	Enter department name.
VOUCHER NO.	Enter voucher number.
SOCIAL SECURITY NUMBER	Enter payee's social security number.
PAYEE'S NAME	Enter payee's last name, first name and middle initial.
ACCOUNT CODE	Enter 6-digit account code. If each payment is to same account code, draw a line after first entry. See TYPE.
SUBCODE	Enter 4-digit subcode. If each payment is to same subcode, draw a line after first entry. See TYPE.
TYPE	Predefined.
P/F/N	Enter "N" for direct payment. If a miscellaneous encumbrance has been issued, enter a "P" for partial payment or "F" for final payment (any remaining encumbrance deleted).
AMOUNT	Enter amount of the fellowship/traineeship/stipend award to payee for each account distribution.
TOTAL	Enter total payment amount.
SIGNATURES	Signatures and dates are required by appropriate Project Director and Fiscal Officer.

Submit the original List of Student Fellowship/Traineeship/Stipend payments to the Disbursing Office after approvals have been obtained.

STUDENT FELLOWSHIP, TRAINEESHIP, STIPEND
LIST OF SUB CODES

Type of Pymt	FMIS Descrip	Purpose	Status	Sub Code	Non reportable	Reportable
FELLOWSHIPS	Grants in Aids		Non-Employee	6521		X
			Foreign Non-Employee	6523		X
STIPENDS	Grants in Aids		Non-Employee	6531		X
			Foreign Non-Employee	6533		X
TRAINEESHIPS	Grants in Aids	Travel	Non-Employee	6541		X
			Foreign Non-Employee	6543		X
TRAINEESHIPS	Grants in Aids	Per Diem	Non-Employee	6551		X
			Foreign Non-Employee	6553		X
TRAINEESHIPS	Grants In Aids	Boarding/Lodging	Non-Employee	6561		X
		Boarding/Lodging	Foreign Non-Employee	6563		X
TRAINEESHIPS	Grants in Aids	Books/Supplies	Non-Employee	6570	X	
		Books/Supplies	Foreign Non-Employee	6573		X
TRAINEESHIPS	Grants in Aids	Dependent Allowance	Non-Employee	6581		X
		Dependent Allowance	Foreign Non-Employee	6583		X
TUITION	Grants in Aids		Non-Employee	6510	X	
			Foreign Non-Employee	6513		X

Note: Reportable sub codes will be reported on either the IRS 1099 or 1042 form.

* Expenditures for travel are reportable and cannot be classified as business expenditures. These expenditures cannot be substantiated.

FMIS-36

CAMPUS: MA

UNIVERSITY OF HAWAII

DATE: 07/01/96

STUDENT FELLOWSHIP/TRAINESHIP/STIPEND INITIAL PAYMENT REQUEST

(Shaded items represent information to be completed by Disbursing. See reverse side for instructions.)

(MM/DD/YY) DOCUMENT NUMBER	
F	007123

WH-1 MUST BE ATTACHED. OTHERWISE, FORM WILL NOT BE PROCESSED.

Complete the following to assist in determining the tax status as recommended by the Internal Revenue Service:

A. Does this payment require the recipient to perform certain special services outside of his/her study? Yes No

B. If above is "yes", are the services required for all students in this field of study? Yes No

Description of Award:

Grant No. _____ Grant Title _____

Total Amount to be Paid \$ 3,120.00 Award Period 07/01/96 to 12/31/96

PAYEE'S NAME (Last Name, First Name, Middle Initial) PEREZ, Donald M.		SOCIAL SECURITY NUMBER XXX-XX-XXXX	
PAYEE'S PERMANENT MAILING ADDRESS ADDRESS: <u>1234 University Ave.</u> CITY: <u>Honolulu</u> STATE: <u>HI</u> ZIP CODE: <u>96822</u>			
DEPARTMENT Student Affairs		VOUCHER NO.	VENDOR CODE

ACCOUNT CODE	SUBCODE	TYPE	P/F/N	AMOUNT
117647	6531	9	N	400.00
117647	6570		N	120.00
			Total	\$ 520.00

PREPARED BY: Sean Jones PROJECT DIRECTOR DATE: 07/01/96

APPROVED BY: Bill Smith DEAN/DIRECTOR DATE: 07/01/96

June Higa FISCAL OFFICER DATE: 07/01/96 F.O. CODE: 007

NOTE: Use of this form does not automatically exclude the above student from tax liability. Refer all questions about tax status to the local branch of the Internal Revenue Service.

FMIS-36A

CAMPUS: MA

DATE: 08, 01, 96
(MM/DD/YY)

UNIVERSITY OF HAWAII

LIST OF STUDENT FELLOWSHIP/TRAINEEESHIP/STIPEND PAYMENTS

(Shaded items represent information to be completed by Disbursing. See reverse side for instructions)

DOCUMENT NUMBER
F 007124

DEPARTMENT							
Student Affairs							
VOUCHER NO.	SOCIAL SECURITY NUMBER	PAYEE'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)	ACCOUNT CODE	SUBCODE	TYPE	P/F/N	AMOUNT
	XXX-XX-XXXX	PEREZ, Donald M.	11764	6531	9	N	400.00
	XXX-XX-XXXX	PEREZ, Donald M.	11764	6570		N	120.00
TOTAL							\$ 520.00

PREPARED BY: Paul Thomas
PROJECT DIRECTOR

08/01/96
DATE

APPROVED BY: Constance Valdez
FISCAL OFFICER

08/01/96
DATE
007
F.O. CODE

FMIS-12

VENDOR MAINTENANCE FORM

(Shaded items represent information to be completed by Central Vendor Maintenance Group. See reverse side for instructions)

CAMPUS: _____

DATE: ____/____/____
(MM/DD/YY)

1. ACTION: ADD CHANGE

Existing Vendor Code No : _____

Reason for Change: _____

2. VENDOR/PAYEE NAME: _____

3. TAX ID: _____
Indicate Employer Identification Number (EIN) if available. Social Security Number (SSN) required for all individuals except for aliens.

4. ORDER ADDRESS: _____

5. REMITTANCE ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ COUNTRY: _____

PHONE: _____ EXT: _____

FAX: _____

CITY: _____ STATE: _____

ZIP: _____ COUNTRY: _____

PHONE: _____ EXT: _____

FAX: _____

NOTE: Please type or print legibly. Whenever available, attach documentation displaying vendor name and order/remittance address (e.g. Order form, copy of driver's license, etc.) The vendor name and address need not be typed/printed on the form (indicate "see attached" in vendor/payee name field).

PREPARED BY: _____ NAME _____ USER ID _____ DEPARTMENT _____ PHONE _____

Deliver or Fax completed form to : Central Vendor Maintenance Group, 1402 Lower Campus Road, Room 16, Honolulu, HI 96822

FAX: 956-9145 Telephone No. : 956-6873

UNIVERSITY OF HAWAII
FORM INSTRUCTIONS
VENDOR MAINTENANCE FORM (FMIS-12)

PURPOSE:

To maintain accurate vendor information and to expedite entry of vendors for purchasing and payment documents.

DATA ITEM

COMPLETION INSTRUCTIONS

All fields must be completed unless noted as optional. Shaded items represent information to be completed by Central Vendor Maintenance Group.

CAMPUS

Enter campus code. Refer to Table A12.099.

DATE

Enter date form prepared.

ACTION

Check one of the following boxes:
If Add, complete all items, beginning with VENDOR/PAYEE NAME.
If Change, enter the existing vendor code number and reason for change. Also, complete all changed items and the SIGNATURES section.

VENDOR/PAYEE NAME

Enter vendor/payee name.

TAX ID

Enter the Employer Identification Number (EIN) or Social Security Number (SSN), whichever applies.

ORDER ADDRESS

Enter order address, city, state, zip code, country, telephone and fax number.

ADDRESS/CITY

STATE/ZIP

COUNTRY

PHONE/EXT/FAX

REMITTANCE ADDRESS

Enter remittance address, city, state, zip code, country, telephone and fax number.

ADDRESS/CITY

STATE/ZIP

COUNTRY

PHONE/EXT/FAX

SIGNATURES

Enter preparer's name, user ID, department, and phone number.

Enter new vendor code (if applicable).

