

**ACKNOWLEDGEMENT OF RECEIPT FORM**

Please submit completed form to Accounts Payable or ORSP as appropriate to meet requirements for CSUEB Students and Non-students (Non-CSUEB Employees) for cash equivalent/payment reporting purposes.

**I. RECIPIENT INFORMATION**

<b>Last Name</b>	_____	<b>First Name</b>	_____	<b>MI</b>	_____
<b>Address</b>	_____	<b>City</b>	_____	<b>State</b>	_____
<b>Zip Code</b>	_____	<b>Phone #</b>	_____		
<b>E-mail</b>	_____	<b>Net ID:</b>	_____	<b>Amount:</b>	<input type="text"/>
		(If applicable)			

**Including today's activity, have you received payments from the University in the amount of \$600 or more during this calendar year?**     Yes     No

**Currently Enrolled Student?**     Yes     No      **\*US Citizen/Permanent Resident?**     Yes     No

*If you are a CSUEB student, please read the important acknowledgement below:*

I certify that I am aware that receipt of this payment/award or prize may impose restrictions on my receipt of other financial benefit from the University or US Government funds, and/or may have tax implications. In addition, I will immediately notify the Accounting Services Department of any change in the information stated herein. I understand that it is my responsibility to contact the Financial Aid Office if I have questions about how and if this will impact my financial aid package.

**DISCLAIMER:** The University does not assist in tax preparation, act as a tax consultant for individuals or entities, provide tax advice, and cannot answer your tax questions. Please consult a tax professional or a financial planner who is proficient with taxation for assistance with your tax questions.

**Recipient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*Note that payments for Non-US Citizens or Non-Permanent Residents are typically processed via the Accounts Payable department. Applicable withholdings will be applied as appropriate.

**II. STATEMENT OF ACTIVITY - THIS SECTION TO BE COMPLETED BY CAMPUS REPRESENTATIVE**

Select all applicable activity that is the best description of the student payment or provide a description in the line provided below:

- Award/Prize**     **Interview Payment**     **Orientation Event Worker**     **Reimbursement**     **Study or Research Participant**
- Tutoring Service**     **Other, please explain:** \_\_\_\_\_

Is this payment related to an academic requirement or related to the student's academic attainment?     Yes     No

Will the participant be required to perform services in order to obtain the payment?     Yes     No

**Department/PI Approver Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**III. DOCUMENT SUBMISSION - THIS SECTION TO BE COMPLETED BY ACCOUNTING SERVICES / ORSP**

- 1042-S** Forwarded to Human Resources on: \_\_\_\_\_     **1099-MISC, box 7** Forwarded to Accounts Payable on: \_\_\_\_\_
- 1098T** Forwarded to Student Finance on: \_\_\_\_\_     **1099-MISC, box 3** Forwarded to AP/Financial Aid on: \_\_\_\_\_  
(AP to notify Financial Aid)
- N/A** Please Explain: \_\_\_\_\_

**Administrator Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_