Noncompensatory New Payment Form

Select Payment Type:

Form Must be Typed and Stapled to Any Attachments

This form should be used for recipients who are not currently active in the Noncompensatory System

DUKE UNIQUE ID #: Effective Month/Year:
Citizenship Status: (Foreign National requires Foreign Nat'l Documentation and Visa Services approval)

PERSONAL DATA (All fields are required)

Last Name: First Name: M.I.: Known as:
U.S. SSN or ITIN: Birth Date: Gender: New Noncomp Org. Key:

U.S. HOME ADDRESS (Home Phone Number Optional) CAMPUS ADDRESS (Department address - All fields are REQUIRED)
Address line 1: Room: Building:
Address line 2: Campus Box Number: Box
City: City:
State: Zip: Tel: State: Zip: Tel:

Reason for change in payment (REQUIRED) (New program documentation must be submitted 60 days in advance):

Wage Type, Description, and (Allowable ST/SC):
4000: Scholarships (6313-6317; 6320-6326; 6328-9)
4001: Fellowships (6330-6349; 6380-6398)
4002: Post-Doctoral (635X & 636X) (requires 4012)
4003: Internships (6215)
4012: Post-Doctoral Insurance Stipends (6352,6362)

(All ST/SC accounts may not be active. Consult the GAAP manual for valid codes)

All 3x1 or 4xx codes must have backup documentation attached (e.g. award letters). 15x & 303 codes are not permissible.
For any month's total combined payments that exceed $7,500, provide additional justification/documentation.

NEW RECURRING PAYMENT (use for continuous, equal monthly payments):

<table>
<thead>
<tr>
<th>Wage Type</th>
<th>Cost Center or WBS Element</th>
<th>ST (Service Type)</th>
<th>SC (Service Category)</th>
<th>Monthly Amount</th>
<th>Begin Month/Yr</th>
<th>End Month/Yr</th>
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NEW ONE-TIME PAYMENT (use for one-time payments or partial month payments):

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<th>Cost Center or WBS Element</th>
<th>ST (Service Type)</th>
<th>SC (Service Category)</th>
<th>Monthly Amount</th>
<th>Payment Month/Year</th>
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Prepared By:

(print) (sign)

Date: Tel: Email:

Dept. Authorization:

(print) (sign)

Date: Tel: Email:

Revised August 15, 2013