

J-1 Exchange Visitor Stipend Form

This form serves as confirmation of the availability of funds to pay the J-1 Exchange Visitor's stipend for the duration of the program. The form must be signed by the faculty sponsor (principal investigator/supervisor) and the responsible fiscal administrator.

J-1 EV: _____

College/school/unit: _____

Dept/program: _____

Stipend start date: _____ Stipend end date: _____
mm/dd/yyyy mm/dd/yyyy

Monthly stipend amount: \$ _____ Total for requested duration: \$ _____

Account code(s): _____

Comments:

Certification

I certify that we have sufficient funds to cover the above stipend for the requested period.

Faculty sponsor's signature: _____ Name: _____ Date: _____

Fiscal administrator's signature: _____ Name: _____ Date: _____