

DIVISION OF GRADUATE STUDIES
GUIDELINES
GRADUATE STUDENT TRAVEL GRANT

PURPOSE:

The CSU, Fresno, Division of Graduate Studies (DGS) provides travel grants to graduate students who have had papers and/or posters accepted for presentation at major professional conferences or society meetings. Recognition of the student's scholarly work in such referred forums is a source of pride for the university, and the Division provides these funds to encourage and promote its graduate students. The assurance that these special opportunities remain available to students from all university graduate programs rests with the Division, which requires fairness in awarding these travel grants.

LIMITATIONS:

Travel grant funds are limited and may not be sufficient to cover all of the requests made for such support. These funds are supplemental to those normally available through the department or school. Funding supports only the student who is making the formal presentation. It is expected that the student will formally acknowledge this support from the CSU Fresno, Dean of Graduate Studies in program announcements during the presentation. In those instances where in several students from the same department have each had their papers accepted for presentation at the same meeting, students may only receive an equal and proportionate share of a base allocation for this meeting/conference. It is the responsibility of the applicants and department chair to ascertain the likelihood that other CSUF students will be participating at the same meeting and will be applying for a travel grant. It is necessary to impose this limitation on funding when multiple requests are made so that one program does not receive an inordinately large amount of funding or even exhaust the funding available for the campus to the exclusion of students from other graduate programs. **Similarly, a student may not receive more than one travel grant from this fund.** Priority funding is provided for matriculated master's degree candidates; other graduate students may receive travel grants, if funding is available.

APPLICATION PROCEDURES:

Applicants must submit the following information to the Dean, Division of Graduate Studies, Haak Center, Library 4140 West Wing (Mail Stop ML51) at least two weeks prior to the conference. Travel grants are awarded prior to the event.

REQUIRED:

- Application for Graduate Student Travel Grant
- Abstract of papers to be presented
- Copy of the letter of acceptance of the work to be presented
- Announcement of the conference or meeting
- Letters of support from the Department Chair and Department Graduate Program Coordinator
- A brief formal report on the outcomes of the presentation must be submitted to the Division of Graduate Studies with a copy to the department chair.

**CALIFORNIA STATE UNIVERSITY, FRESNO
DIVISION OF GRADUATE STUDIES
APPLICATION FOR GRADUATE STUDENT TRAVEL GRANT**

DEPARTMENT: _____ MAJOR/ DEGREE _____

STUDENT NAME: _____

MAILING ADDRESS: _____

STUDENT ID#: _____ TELEPHONE NUMBER: _____

FACULTY MENTOR: _____

CONFERENCE/ MEETING TO BE ATTENDED: _____

LOCATION: _____

DATE OF MEETING: _____

HAVE YOU RECEIVED ANY PRIOR GRADUATE STUDENT TRAVEL AWARDS FROM THE
DIVISION OF GRADUATE STUDIES? ____ YES ____ NO

A COPY OF THE SUBMITTED ABSTRACT LISTING THE TITLE OF THE PRESENTATION AND THE
AUTHOR/PRESENTER MUST BE ATTACHED

ESTIMATED EXPENSES PER STUDENT: *

REGISTRATION FEES	\$ _____	Plane Fare: _____
		(Mileage: _____)
TRANSPORTATION	\$ _____	Taxi/ Tolls: _____
HOTEL ACCOMMODATIONS	\$ _____	2 nights @ \$ _____

FUNDING FROM OTHER SOURCES (-): \$ _____

TOTAL REQUESTED: \$ _____

*THE BUDGET MUST COMPLY WITH TRAVEL POLICIES OF THE UNIVERSITY.
(SEE GUIDELINES IN YOUR DEPARTMENT OFFICE)

DEPARTMENT RECOMMENDATION: TOTAL STUDENT TRAVEL BUDGETS ARE LIMITED FOR EACH GRADUATE DEPARTMENT. IT IS THE DEPARTMENT'S RESPONSIBILITY TO ENSURE FAIRNESS IN THOSE INSTANCES IN WHICH MORE THEN ONE STUDENT WISHES TO SEEK SUCH FUNDS. TO ASSIST THE DIVISION OF GRADUATE STUDIES IN MAKING THESE AWARDS, PLEASE RESPOND TO THE FOLLOWING:

- ATTACH A LIST OF ANY ADDITIONAL GRADUATE STUDENTS WHO WILL BE REQUESTING A TRAVEL GRANT DURING THE ACADEMIC YEAR. ESTIMATED TOTAL COST: _____

**DEPARTMENT APPROVAL FOR FUNDING IS RECOMMENDED FOR THIS APPLICATION
IN THE AMMOUNT OF: \$ _____**

Faculty Mentor

Date

Department Chair

Date

PAYEE DATA RECORD

Payee #

(Required when receiving payment from the State of California in lieu of IRS W-9)

↑ California State University, Fresno Use Only ↑

STD. 204 (REV. 7-04)

NOTE: Governmental entities, federal, state, and local (including public school districts) are not required to submit this form.

1	DEPARTMENT/OFFICE CALIFORNIA STATE UNIVERSITY, FRESNO STREET ADDRESS 5150 N MAPLE AVE M/S JA58 CITY, STATE, ZIP CODE FRESNO CA 93740-8026 TELEPHONE NUMBER (559) 278-6810 FAX (559) 278-6943	PURPOSE: Information contained in this form will be used by state agencies to prepare information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments. (See Privacy Statement on reverse)	
2	PAYEE'S BUSINESS NAME (Type or Print) Payee PHONE NUMBER () - SOLE PROPRIETOR - ENTER OWNER'S FULL NAME HERE (Last, First, M.I.) MAILING ADDRESS (Number and Street or P.O. Box #) (City, State and Zip Code) *EMAIL ADDRESS		
3	PAYEE ENTITY TYPE <input type="checkbox"/> MEDICAL CORPORATION (Including dentistry, (Podiatry, psychotherapy, optometry, chiropractic, etc.) <input type="checkbox"/> EXEMPT CORPORATION (Nonprofit) <input type="checkbox"/> ALL OTHER CORPORATIONS <input type="checkbox"/> LEGAL (e.g., attorney services)	<input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR (Must provide Social Security #)	NOTE -Government entities - CSU Fresno employees are <u>not</u> required to submit this form.
4	SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL/SOLE PROPRIETOR BY AUTHORITY OF REVENUE AND TAXATION CODE SECTION 18646 (See reverse) FEDERAL EMPLOYERS IDENTIFICATION (FEIN) SOCIAL SECURITY NUMBER / ITIN [] [] - [] [] [] [] [] [] [] [] [] [] [] - [] [] - [] [] [] [] IF PAYEE ENTITY TYPE IS A CORPORATION, PARTNERSHIP, ESTATE OR TRUST, ENTER FEIN. IF PAYEE ENTITY TYPE IS INDIVIDUAL OR SOLE PROPRIETOR, ENTER SSN. ITIN / SSN IF RESIDENT OF FOREIGN COUNTRY		NOTE Payment will not be processed without an accompanying taxpayer I.D. number.
5	Federal Income Tax Withholding Status (Applies to Individuals Only) : I Am A US Citizen OR I Am A Permanent Resident Alien <input type="checkbox"/> Yes <input type="checkbox"/> No *If No box is checked, email address is required. See number 2 above. California State Tax Withholding Status (Applies to All Vendors) : <input type="checkbox"/> California Resident Qualified to do business in CA or have a permanent place of business in CA. <input type="checkbox"/> California Nonresident (See Reverse). Payments to CA nonresidents may be subject to state taxes. <input type="checkbox"/> Waiver of state tax withholding from California Franchise Tax Board attached <input type="checkbox"/> Services performed OUTSIDE of California.		NOTE: Prior to making payments to foreign citizens, United States tax laws require all employers to perform a tax analysis with respect to country of citizenship to determine residency for Federal tax purposes. (Please See reverse) NOTE: An estate is a resident if decedent was a California resident at time of death. A trust is resident if one or more trustees are CA residents. Rules for assessing State taxes differ significantly from Federal tax rules. (Please See reverse)
6	I hereby certify under penalty of perjury under the laws of the State of California that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you. AUTHORIZED PAYEE REPRESENTATIVE'S NAME (PRINT) TITLE SIGNATURE DATE TELEPHONE NUMBER		

ARE YOU A RESIDENT OR NONRESIDENT?

Each corporation, individual/sole proprietor, partnership, estate, or trust doing business with the State of California must indicate residency status along with their vendor identification number.

A **corporation** if it has a permanent place of business in California. The corporation has a permanent place of business in California if it is organized and existing under the laws of this state or, if a foreign corporation has qualified to transact intrastate business. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in this state only if it maintains a permanent office in this state that is permanently staffed by its employees.

For individual/sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose which will extend over a long or indefinite period will be considered a nonresident.

For withholding purposes, a **partnership** is considered a resident partnership if it has a permanent place of business in California. An estate is considered a California estate if the decedent was a California resident at the time of death and a trust is considered a California trust if at least one trustee is a California resident.

More information on residency status can be obtained by calling the Franchise Tax Board at the numbers listed below:

U.S. (Toll-Free), call 1-888-792-4900
 Phone, call 1-916-845-4900
 For hearing impaired with TDD, call 1-800-822-6268
 E-mail Address: wscs.gen@ftb.ca.gov
 Website: www.ftb.ca.gov

ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?

Payments made to nonresident payees including corporations, individuals, partnerships, estates and trusts are subject to income tax withholding. Nonresident payees performing services in California or receiving rent, lease or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no California tax withholding is required if total payments to the vendor are \$1,500 or less for the calendar year.

A nonresident payee may request that income taxes be withheld at a lower rate or waived by sending a completed form FTB 588 to the address below. A waiver will generally be granted when a payee has a history of filing California returns and making timely estimated payments. If the payee activity is carried on outside of California or partially outside of California, a waiver or reduced withholding rate may be granted. For more information, contact:

Franchise Tax Board
 Withhold at Source Unit
 Attention: State Agency Withholding Coordinator
 P.O. Box 651
 Sacramento, CA 95812-0651
 Telephone: (916) 845-4900
 Fax: (916) 845-9512

If a reduced rate of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy to this form.

FOREIGN CITIZENS and FOREIGN BUSINESSES

Federal tax withholding regulations differ significantly from California tax withholding requirements. A tax analysis consultation and additional forms must be completed before a payment can be released.

Privacy Statement

Section 7(b) of the Privacy Act of 1974 (Public Law 93-5791) requires that any federal, state, or local governmental agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State must provide their Taxpayer Identification Number (TIN) as required by Revenue and Taxation Code Section 18646, to facilitate tax compliance enforcement activities and preparation of Form 1099 and other information returns as required by Internal Revenue Code Section 6109(a). The TIN for individuals and sole proprietorships is their Social Security Number (SSN).

It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and state law imposes noncompliance penalties up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

Please call the Department of Finance, Fiscal Systems and Consulting Unit at (916) 324-0385 if you have any questions regarding this Privacy Statement. Questions related to residency or withholding should be referred to the telephone numbers listed above. All other questions should be referred to the requesting agency listed in section 1.