

Fellowship Stipend

Dr. Brad Christensen
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 Phone: (309) 438-3089

Smart Grid for Schools 2018–2019

Name: _____

Address: _____

City, ST, ZIP: _____ **Telephone #:** () _____

School: _____ **E-Mail:** _____

I, _____, have fulfilled all contractual obligations during the above stated time period including sufficient time and effort as validated by my Faculty Mentor.

Event	Price	Exhibit Interactions	Total
Smart Grid for Schools Visit <hr/> (DATES)	\$100.00 <small>(Dependent upon timely reporting and shipping)</small>	Total # Students: _____ Grades: _____	\$ _____ (Note: This amount is not to exceed \$200.)
Additional Events <hr/> (DATES)	\$100.00 <small>(For evening events, open houses, conferences with adults, or related events.)</small>	Total # Students: _____ Total # Adults: _____ Describe Additional Event(s) <small>(use other side if more space is needed):</small>	

By signing this application, I certify that I performed the event stated above and that this payment does not represent payment for teaching, research, or other services. I understand that this fellowship payment may be taxable income according to federal tax laws and I should consult a tax advisor who is familiar with all the relevant facts for reporting the income on my tax return. Fellowship payments are not reported on a 1099 MISC form so I will maintain a record of all payments made to me on this grant project.

**This advice is general in nature and is not intended as tax advice.*

Participant Signature: _____ **Date:** _____

Faculty Mentor: Dr. Brad Christensen _____

-----*For Official Use Only*-----

DataTel V# _____

Please pay from grant # 11580-02-596009832-660120

Fiscal Agent Signature: _____ **Date:** _____