

**NATIONAL SCIENCE FOUNDATION  
4201 WILSON BOULEVARD  
ARLINGTON, VA 22230**

**HOST INSTITUTIONAL ALLOWANCE REQUEST**

The National Science Foundation, upon request, will provide an Institutional Allowance to the host fellowship institution on behalf of the Fellow named below. This allowance is provided in lieu of tuition costs and/or fees normally chargeable to the Fellow, and to assist the institution in meeting costs of providing the Fellow with space, supplies, equipment, and services.

All Institutional Allowance payments are processed by the Electronic Funds Transfer (EFT) procedure.

*Please complete and return this form immediately to the supporting program office at the NSF, 4201 Wilson Boulevard, Arlington, VA 22230 (whether or not an Institutional Allowance is requested).*

Program Office \_\_\_\_\_ Room Number \_\_\_\_\_  
\_\_\_\_\_

Program Contact \_\_\_\_\_ Phone/E-Mail/Fax \_\_\_\_\_  
\_\_\_\_\_

*Questions regarding payment of this allowance should be directed to the Division of Financial Management.*

**FOR NSF PROGRAM USE**

NAME OF FELLOW

GRANT NUMBER

FELLOWSHIP TYPE

APPROVED AMOUNT

HOST INSTITUTION

APPROVED BY

DEPARTMENT

DATE

**REQUEST INFORMATION**

*This section should be completed by an appropriate official of the fellowship institution.*

- 1 I request the payment of an Institutional Allowance in the amount of \$ \_\_\_\_\_.
- 1 I do not request payment of an Institutional Allowance.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Dated

*Please provide a contact whom we may phone regarding EFT information, if necessary.*

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

*Please provide an address where notification of payment should be sent.  
This portion will be returned upon payment processing.*

**FOR NSF FINANCE OFFICE USE**

Payment processed on

Amount Paid by NSF

Account Number

ABA Number

Fellow's Name

Department