

GRANT RECIPIENT FORM

Grant Title: _____

Recipient Name: _____

Harvard University ID # _____

Undergraduate _____ Graduate _____

Please check one: Travel Grant will be used _____ inside U.S. _____ outside U.S.

U.S. Citizen? Yes _____ or No _____

Permanent Legal Address: **(Must be provided)** _____

Local Check Mailing Address: _____

PLEASE PROVIDE YOUR CONTACT INFORMATION – WE WILL NOTIFY YOU WHEN THE CHECK IS READY FOR PICK UP

Telephone #: _____ Fax #: _____

E-mail Address: _____

**PLEASE ALLOW AT LEAST 10 BUSINESS DAYS FOR PAYMENT
There will be a longer delay if forms are not filled out completely**

Any questions can be directed to Kathryn Maldonis, Harvard University Asia Center,
1730 Cambridge Street, Room S117, Cambridge MA 02138 or by telephone at 617-496-9941 or
Email to: maldonis@fas.harvard.edu

(This section to be filled out by the finance office)

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\$ _____	_____ - _____ - _____ - _____ - _____ - _____