



Stony Brook University

**College of Arts & Sciences
Fellowship Billing Questionnaire:**

1. The Awardee's Name: _____

2. The Fellowship Sponsor Info including Contact Person, Address, Phone Number, and Email Address:

3. The Full Amount of the Fellowship: _____

4. Time Period of the Fellowship with Specific Dates Range: _____

5. How Many Installments with Dates and the Dollar Amount for Each:
