

IHS-856-9 (Rev. 2/08)

LOST STIPEND CHECK / DIRECT DEPOSIT

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 2/28/2011

*See Estimated Average Burden Time
per Response on Reverse Side*

IHS Division of Grants Operations
Grants Scholarship Coordinator
801 Thompson Avenue - TMP Suite 120
Rockville, Maryland 20852

Attention Grants/Financial Management:

I did not receive my Electronic Transfer of Funds in the amount of \$_____ for the
month _____. I believe the ETF was not received for the following reason:

Please trace and reissue as soon as possible.

Name: _____
Address: _____

Telephone and/or
Cell Phone Number: _____
Social Security Number: _____
EMail Address: _____

_____ Signature (Do Not Print)

Please return a completed IHS-856-9 form to IHSSP, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852.

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ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 8 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Indian Health Service, OPHS/DHPS/Scholarships Branch, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852, RE: PRA 0917-0006.