



**GRADUATE STUDENT
RESEARCH SCHOLARSHIP(S) PAYMENT FORM
(PAID AS A LUMP SUM PER TERM)**

PLEASE USE A DIFFERENT SECTION FOR EACH TERM

A STUDENT INFORMATION		
Person ID	First Name	Surname

B PAYMENT REQUEST						
Description (attach supporting document)						
Fall Term (September - December)					Amount:	
Chartfield String	Fund	Account	Department	Program Code	PC Business Unit	Project
Chartfield String #1						
Chartfield String #2						

Description (attach supporting document)						
Winter Term (January - April)					Amount:	
Chartfield String	Fund	Account	Department	Program Code	PC Business Unit	Project
Chartfield String #1						
Chartfield String #2						

Description (attach supporting document)						
Spring/Summer Term (May - August)					Amount:	
Chartfield String	Fund	Account	Department	Program Code	PC Business Unit	Project
Chartfield String #1						
Chartfield String #2						

C AUTHORIZATION				
Academic Plan(Program)	Ext.	Name	Signature	Date (yyyy/mm/dd)
Research Office (University / FHS)	Ext.	Name	Signature	Date (yyyy/mm/dd)
Finance Office (University / FHS)	Ext.	Name	Signature	Date (yyyy/mm/dd)

Obtain required Signatures and forward to: School of Graduate Studies – GH - 212