STUDENT AWARD PAYMENT REQUEST FORM

The personal information on this form is collected under the authority of the Royal Charter of 1841, as amended. The information will be used to process the requested student award payment.

To: Queen's Principal Investigator or Trust /Operations Manager:

To ensure payment of their award monies to your student, please complete and sign this form and submit it to either Queen's School of Graduate Studies (if recipient is a graduate student), or Queen's Financial Aid and Awards Office (all other students).

STUDENT INFORMATION			
Student Name (Last, First):	Student I.D:	Academic Program:	
Address:	City/Province:	Postal Code:	
Department:	Student Email:	Student Email:	
AWARD AND PAYMENT INFORMATION			
Name of Award	Total amount to be paid t	Total amount to be paid to student	
Disbursement date(s) or details	Amount to be paid per di	sbursement	
ACCOUNT/FUND/CHARTFIELD INFORMATION FUND# DEPARTMENT# ACCOUNT PS Fund, Department, and Account Information is require Note: If the award is being paid from research funding or 31000 - internal funding), then a corresponding	T# PROGRAM# d nding (i.e. the fund code is equa	CLASS # PROJECT #	
Principal Investigator (for awards paid through	Print Name	Date	
research funding)	Email:	Phone	
Trust/Operations Manager (for all other student awards)	Print Name	Date	
	Email:	Phone	
FOR OFFICE USE ONLY SIGNATURES OF APPROVAL			
Financial Services (if required):	Date		
Financial Aid Office (FAAO or SGS)	Date		

Copies: Department (for SGS) Student File (for SGS)