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 Student Awards Office (all other students).

Student I.D:

City/Province:

Academic Program:

Postal Code:

STUDENT INFO	RMATION
Student Name (I	Last, First):

Address:

Department:		Student Email:			
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AWARD AND PAYMENT INFORMA	TION				
Name of Award		Total amount to be p	Total amount to be paid to student		
Disbursement date(s) or details		Amount to be paid per disbursement			
ACCOUNT/FUND/CHARTFIELD INF	ORMATION				
FUND# DEPARTMENT#	ACCOUNT#	PROGRAM#	CLASS#	PROJECT#	
PS Fund, Department, and Account Informa	ition is required				
Note: If the award is being paid from	research funding	a (i.e. the fund code is a	egual to 30000 - 6	external funding.	
or 31000 - internal funding), then a co				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
REQUIRED SIGNATURES					
Principal Investigator (for awards paid research funding)	d through	Print Name		Date	
research funding)					
		Email:		Phone	
Trust/Operations Manager /for all oth	or otudont				
Trust/Operations Manager (for all oth awards)	er student	Print Name		Date	
		Cail.		Dhone	
		Email:		Phone	
FOR OFFICE USE ONLY					
SIGNATURES OF APPROVAL					
Financial Services (if required):		Date			
, ,					
Einanaial Aid Office (SAC or SCS)		Data			
Financial Aid Office (SAO or SGS)		Date			

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