

NOTIFICATION OF VACATION SCHOLARSHIPS

Surname of Student:	
First Name of Student:	
Budget Centre	

Student ID No:	
Document No: (For Payroll use only)	

Account Code			Value
Analysis	Location	Project	
			.
			.
			Payment Total

Period of Payment:		
Start Date:		
End Date:		
Number of Weeks:	Name and Branch of Bank	
Weekly Rate of Pay: £	Sort Code	
	Account Number	
	Account Name	

Completed forms must be sent to the Payroll Section of the Finance Office and payment will be made directly into the Bank Account given above.

Budget Centre		
Completed by	Signed	Date
Authorised by	Signed	Date
Finance Office		
Funds Checked	Signed	Date
Payroll Office		
Checked on System	Signed	Date

