## 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 INFORMATION	Otividant I D	Academia Bassassas	
Student Name (Last, First):	Student I.D:	Academic Program:	
AWARD AND PAYMENT INFORMATION			
Name of Award	Total amount to be pai	d to student	
Disbursement date(s) or details	AAmoo out to do et lissaidra et C	<b>711896036544EnAe</b> 6t/ <b>(PURØ7116)</b> CFB #0.48.4.64 0 Td (Al	nou87
DECLUDED CLONATURES			
REQUIRED SIGNATURES	Drint Name	Date	
Principal Investigator (for awards paid through esearch funding)	Print Name	Date	
-			
PS Fund, Department, and Account Information is requir	red		
Note: If the award is being paid from research fund		ual to 30000 - external funding,	
or 31000 - internal funding), then a corresponding p	roject number is required.		
	Email:	Phone	
Trust/Occasions Management (for all allowed and and			
Trust/Operations Manager (for all other student awards)	Print Name	Date	
,	Email:	Phone	
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FOR OFFICE USE ONLY	I		
SIGNATURES OF APPROVAL			
Financial Services (if required):	Date		
Financial Aid Office (SAO or SGS)	Date		
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Copies: Department (for SGS) Student File (for SGS)