



UNIVERSITY OF CALGARY
FACULTY OF VETERINARY MEDICINE

STUDENT PAYMENT FORM

Student Details:

UCID#: First Name: Last Name:

Program: MSc Supervisor:

Payment Type: Initial Setup* Accounting Change Extension/Date Change Compensation Change

*If this is an initial setup, please ensure the student has entered their SIN and banking information in their Student Centre

| Chartfield | | | | | | | | Total Compensation For Period | Description and Reason for Payment (Be specific: award type, top-up, stipend, etc.) |
|--------------------------|------------------------|--------------|------|--------|--------------|--------------------|----------|-------------------------------|---|
| Start Date* (yyyy/mm/dd) | End Date* (yyyy/mm/dd) | Budget Owner | Fund | DeptID | Account Code | Internal/Project # | Activity | | |
| 1 | | | | | 63020 | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

* Start and end dates **must** be the first and last day of the month, respectively

APPROVAL OF BUDGET OWNER(S):

By signing this form, I confirm my approval of the student payment(s) as detailed above:

Name of Budget Owner #1: Signature: _____

Name of Budget Owner #2: _____ Signature: _____

Name of Budget Owner #3: _____ Signature: _____

Name of Budget Owner #4: _____ Signature: _____

EMAIL COMPLETED FORM TO: vmgrad@ucalgary.ca or bbanman@ucalgary.ca