



UNIVERSITY OF CALGARY
FACULTY OF VETERINARY MEDICINE

STUDENT PAYMENT FORM

Student Details:

UCID#: First Name: Last Name:

Program: PhD 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					63015				
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