UNIVERSITY OF DUNDEE

WEEKLY VACATION SCHOLARSHIP OR MONTHLY STIPEND / BURSARY / FELLOWSHIP

Please complete clearly in BLOCK CAPITALS, ALL SECTIONS of this form and scan to :

accountspayable@dundee.ac.uk

COMPLETED STUDENT BANK DETAILS FORM MUST ACCOMPANY THIS FORM IN ORDER FOR PAYMENT TO BE MADE.

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From				School / Department						Ext No
PAYEE DETAILS - BLOCK CAPITALS										
Title		First Name					Surname			
Matriculation No	umbe	r:								
Current Degree Course Details:										
Dept / School:										
Funding : Awarding Body / School / College:										
Payment Start Date:										
Payment Finish	ı Date	:								
Reason for Pay	ment	(Tick as	applicable)							
Bursary			Fellowship	Stipend						Scholarship
Number of Payments - number of weeks or months (complete appropriate year as applicable)										
Year 1		Year 2		Year 3		3	Year 4		ear 4	Continuation
Payment Amount - weekly or monthly (complete appropriate year or continuation as applicable)										
£		£		£			£			£
Total Payment	- (cor	mplete a	ppropriate year	or continua	tion	as applica	ble)			
£			£		£					£
Financial Ledger Code Allocation										
Project	Project Type Bud		Budget Group	up Fund Source		Budget C	Centre Nominal		lominal	
Authorised:										Date:
	IN V	WRITI	NG TO AC					I DI	MUST BE	E IMMEDIATELY