

## SUMMER RESEARCH SCHOLARSHIP PAYMENT FORM

**PLEASE COMPLETE AND FORWARD TO:**

Human Resources Branch, Division of Services and Resources

This form is used to pay Summer Research Scholarships where the scholarship period exceeds a period of one month and payment is required on a fortnightly basis. Please ensure that a Banking Authority form signed by the payee is attached to this application. (See Page 2)

**PERSONAL/STUDENT DETAILS (PLEASE USE BLOCK LETTERS)**

Employee ID: \_\_\_\_\_ School/Branch: .....

Title: ..... Family name: ..... Given names (in full): .....

Gender:  Male  Female Date of birth: .....

Home/Postal Address: ..... City: ..... State: ..... Post Code: .....

**SCHOLARSHIP PAYMENT DETAILS (ALL INFORMATION IS REQUIRED)**

**Period of scholarship payment**

Start date: ..... End Date (Inclusive): .....

Break periods (if applicable): From: ..... To (Inclusive): .....

From: ..... To (Inclusive): .....

Total scholarship amount to be paid: \$ .....

Fortnightly scholarship amount (Annual amount/26): \$ .....

Is this Scholarship taxable:  Yes  No If Scholarship is taxable, please attach a Tax Declaration Form to this form.

Details of Scholarship: ..... For pay period dates please refer to: [HR Processing Timelines](#).

**PAYMENT DETAILS**

Account code: UN I A D / 2 4 1 1 / \_ \_ / \_ \_ / \_ \_ / \_ \_ / \_ \_ ..... % \_\_\_\_\_

Account code: UN I A D / 2 4 1 1 / \_ \_ / \_ \_ / \_ \_ / \_ \_ / \_ \_ ..... % \_\_\_\_\_

**AUTHORISATION (ALL SIGNATURES ARE REQUIRED)**

**Head of School**

I authorise payment to the above named student for Summer Scholarship.

Name (please print): .....

Signature: ..... Date: .....

Remuneration and Benefits Handbook	Summer Research Scholarship Payment Form	Effective Date:	27 November 2015	Version 1.2
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## SUMMER RESEARCH SCHOLARSHIP PAYMENT FORM (Banking Authority Form)

Please complete this form and return it to the HR Branch to enable fortnightly payment of your scholarship.

**STUDENT DETAILS (PLEASE USE BLOCK LETTERS)**

**Student ID:** \_\_\_\_\_

**Title:** ..... **Family name:** ..... **Given names (in full):** .....

**MAIN DEPOSIT ACCOUNT**

**Name of financial institution:** \_\_\_\_\_ **Branch:** .....

**BSB:** \_\_\_\_\_ **Account no (maximum 9 digits):** \_\_\_\_\_

**AUTHORISATION (SIGNATURE IS REQUIRED)**

**Student**  
I hereby give the University of Adelaide authority to credit all monies due to me to the account specified above.

**Signature:** ..... **Date:** .....

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