*Postgraduate Administrator will complete the account balance and account code sections.*

***Please ensure you provide a description for your claim and an itemised GST receipt.***

|  |
| --- |
| **Student (Payee) Personal Particulars** |
| Title | First Name | Middle Names | Last/Family Name/Business Name |
|  |  |  |  |
| Current Address | Home Phone | Mobile |
|  |  |  |
| E-mail Address |
|  |
| Qualification Enrolled In | Student No  | Research Account Balance |
|  |  |  *$ (Office use)* |
| **Payment Details/****Description** |  |

*Office use only*

**Account Code Currency Amount GST**

 *(5 digits) (4 digits) (10 digits) (If not NZ$) $ Yes No*

0 / 1

23700

5855

|  |
| --- |
| **Student to complete:** Please describe how expenditure relates to research. |
|  |
| *I certify that to the best of my knowledge and belief this claim is true and correct. I have not claimed these expenses in any other form or claimed a grant-in-aid or study grant in relation to these expenses. I have complied with all University policy, department instruction and employment agreements.* |
| **Signature of Claimant:** **Date:**  |

|  |
| --- |
| Payment Instructions – *Payment will be made to your bank account, unless otherwise approved by Finance* |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Bank Account Details:

 *Bank Branch Account Number Suffix*

***Note****: If this is your first payment, please attach a deposit slip or verification from your bank of your account number.*

|  |
| --- |
| **Authorisation** |
| *I certify to the best of my knowledge and belief that this payment request is correct and within my delegation to approve.* |
| **Supervisor’s Signature**: Name: Date: |
| Department: **Faculty of Health** |

*Please return this completed form to the Faculty Post Graduate Admin* *HealthPGThesisAdmin@canterbury.ac.nz*