

## BURSARY PAYMENT REQUEST FORM

Student Name : \_\_\_\_\_

**BANK DETAILS:**

Account Name: \_\_\_\_\_

Sort Code: \_\_\_\_\_

Account Number: \_\_\_\_\_

Email for remittance \_\_\_\_\_

Reason for Payment ( with backup paperwork):

\_\_\_\_\_  
\_\_\_\_\_

Which Cost Centre is being debited: **SIXTH FORM BURSARY (STA880150 BUR)**

Value of Goods: £ \_\_\_\_\_

Signature: \_\_\_\_\_

Signature of Budget Holder: \_\_\_\_\_

NB: There must be enough money/budget to cover this Payment

Requested by: \_\_\_\_\_

Date: \_\_\_\_\_

**FINANCE USE ONLY**

Period: \_\_\_\_\_ Budget \_\_\_\_\_

Date: \_\_\_\_\_ Finance Initials \_\_\_\_\_