



**STUDENT FELLOWSHIP/DEPARTMENTAL SCHOLARSHIP
PAYMENT REQUEST FORM**

This form is required to make a payment to a Creighton University student for a fellowship or a departmental scholarship.

Please complete this form accurately and in its entirety. Please allow five days for processing.

NET ID	Last Name	First Name	Date of Payment	Amount	Fund	Org	Account
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If funding is from a "2 fund" please route through grants.accounting@creighton.edu for approval, otherwise send to **Paula Kohles** and **Ann O'Dowd**.

AUTHORIZATION OF PAYMENT. *Principal Investigator's signature is required.*

Principal Investigator Signature _____
Date

Print Name

If student does not perform duties, the Principal Investigator is responsible for notifying the administrator.