

Payment Schedule

Post Doctoral Fellow/Trainee Pre Doc / Graduate Assistant (9)

Invoice Number: _____

Purchase Order: _____

| (1) Vendor # | (2) Payee | (3) Banner Index / Account # | (4) Pay Frequency Pay Dates (5) | (6) Amount Per Pay | (10) Due Dates |
|-----------------|--------------|------------------------------------|---------------------------------------|-----------------------------|-------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | (7) | _____ |
| _____ | _____ | _____ | TOTAL AWARD \$ | (8) | _____ |
| _____ | _____ | _____ | GRANT PERIOD: | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Post Doctoral Address Verification

I, the undersigned hereby certify that the following is my correct, current, home address. I understand that an incorrect address will delay my payments by at least two-to-three weeks. I further understand that if my address should change it is my responsibility to submit a new address verification form to Accounts Payable & Support Services

Name: _____
(Please Type)

Date: _____

Address: _____
(Please Type)

Signature: _____
of Post Doctoral Trainee
