

**BURSARY PAYMENT-COLLEGE/SCHOOL**

BURSARY PART - To be completed by College/School														
Notification of Bursary payment from School/College administered cost centre through either Student Funding (Tuition; On Campus Accommodation) or Student Financial Services (Subsistence, Research expenses and Meals)														
Name of School _____						College Name _____								
Date			<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="3"/>			Contact person _____			Tel Ext. _____					
E-mail _____ @ukzn.ac.za														
Bursary awarded by (to appear on student fee account) _____														
Name of student (Print) _____						Student Number _____								
Student registered for current academic year (Yes or No)						Yes <input type="checkbox"/>		No <input type="checkbox"/>		NOTE - Amount paid out to student will, if applicable, be reduced by any amount of fees outstanding				
Student has any fees outstanding (Yes or No)						Yes <input type="checkbox"/>		No <input type="checkbox"/>						
PURPOSE OF BURSARY	Tuition		On Campus accommodation			Route form to Student Funding								
	Subsistence		Research expenses		Meals	Route form to Student Financial Services - Westville Campus Offices - scan and e-mail to Westvillefees @ukzn.ac.za								
Value of Bursary			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								
Payable -			Once Off <input type="checkbox"/>		Monthly <input type="checkbox"/>		Over <input type="checkbox"/>		months starting on _____		Quarterly <input type="checkbox"/>		starting on _____	
Full cost centre and account code to be debited														
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>														
<b>Certify that instruction to pay available amount can proceed - Cost Centre Owner or Delegated Authority:</b> I/we certify that I/we have checked other sources of funding allocated to the student in addition to this bursary award and that we comply with the conditions of this funding.														
Signature 1 Name _____			Signature _____			Date _____								
Signature 2 Name _____			Signature _____			Date _____								
CLAIM PART - To be completed by student ONLY when purpose of bursary are subsistence; research expenses or meals payment														
I hereby confirm that I have made my sponsor above aware of other funding applications made and other awards received by me. I hereby request that any monies due to me from the processing of this particular bursary awarded above, after any adjustments in NSFAS or other sponsors and current debits, be paid into my bank account as follows:														
Name of Bank _____						Branch Code			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Account Number						<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Type of Account					
						Savings			Cheque			Other		
Student Signature _____						<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <span>Bank Stamp</span> </div>								
Date _____														
Note - If student's bank account detail has not changed from what UKZN currently has on record, student to only enter account number above, sign and date this portion of the form.														
Bank to verify above account detail:-														
Signature Bank Official _____						Date _____								
COLLEGE FINANCE														
I verify that there are funds in the cost centre to cover this bursary payment and that the payment of this bursary is in compliance with the conditions (if any) of the funding source from where it is paid.														
Checked by (name) _____			Signature _____			Date _____								
STUDENT FINANCIAL SERVICES USE														
Approved amount of refund			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											
Prepared by: Name _____			Signature _____			Date _____								
Authorised by: Name _____			Signature _____			Date _____								
<b>In the event when bursary payments are routed through Student Funding (see Bursary part for when this applies) and a credit occurs on the fee statement, the standard refund form available from the Financial Aid Advisor need to be completed. Once such form reaches Student Financial Services they will process payment in the next available ACB payment run.</b>														
<b>In the event when bursary payments are routed directly to Student Financial Services (see Bursary part for when this applies) Student Financial Services will, after receipt of the documentation, process the payment in the next available EFT payment run.</b>														