



SUMMER RESEARCH SCHOLARSHIP PAYMENT FORM

Please complete, scan and email this form and return it via email to: scholarships@otago.ac.nz

STUDENT TO COMPLETE

Student's Full Name _____ Student ID Number: _____

Current Enrolment: _____ Intended Enrolment next year: _____

Disclosure:

- The University of Otago and the student have entered into a scholarship agreement for educational purposes.
- The University of Otago and this student agree that no employment relationship between the parties exists or is intended to exist and the scholarship agreement does not create such a relationship.
- The University believes the scholarship meets the requirements of section CW 36 of the Income Tax Act 2007 to be a tax-free scholarship. However, the student is responsible for establishing their tax position of any amounts received and to correctly account for tax on any receipt.
- The University does not intend to deduct tax from the payments the student receives, however, should the University be required to account to the IRD for tax on these payments, the University has the right to recover that tax from the student.

Declaration:

I understand that this scholarship has been awarded on the following bases:

- My enrolment at a University for the following year
- The project is relevant to my current course of study
- The project will provide me with key learning outcomes
- Any services I provide are in relation to achieving the educational outcomes and the completion of the project
- Benefits resulting from the project for the University will be incidental
- Full supervision by a research-active academic staff member at the University of Otago is provided
- No employment relationship will be created, or is intended to be created as a result of the provision of the scholarship

Bank Account Details are Up to Date in eVision: Yes No

Adding bank account details in eVision (<https://ask.otago.ac.nz/knowledgebase/article/KA-10002408/en-us>)

Student's Signature: _____ Date: _____

Supervisor's Name: _____

Supervisor's Signature: _____ Date: _____

DEPARTMENT TO COMPLETE

Award Details

Summer Research Project: _____

Department Contact for this Award: _____ Contact No: _____

Start Date: <i>(please tick one)</i>	November	December	January
Tenure: <i>(please tick one)</i>	4-6 weeks (paid in 2 monthly instalments)		
	7-10 weeks (paid in 3 monthly instalments)		
Final Payment Required?: <i>(please tick one)</i>	No	Amount: <i>(if yes)</i> \$ _____	
	Yes		
Total Amount of Award: <i>(including final payment)</i>	\$ _____		
Payment Code: Ledger <i>(please tick one)</i>	GL	Code to Debit: _____	3616.00
	PL		

RESEARCH & ENTERPRISE OFFICE TO COMPLETE *(if externally funded)*

Contract Number: _____ Contract Expiry Date: _____

Additional Comments: *(optional)*

Authorised By: _____ Department: _____

I confirm I have delegated signing authority for the account code on this payment form and that the account code will be open and active for the duration of the award.

Signature: _____ Date: _____