

# Payment Authority - Academic

UWS Innovation & Consulting PA - A



**Form Purpose:**

This form is used to authorise payment by HR via the payroll to an academic for work conducted in projects managed by UWS Innovation & Consulting. For queries please call UWS I&C on Ext 9800.

## CONFIDENTIAL

**1 Project Name:**

**2 Payment Value:**

Description	Value	Total
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**Requested Payment Date**

**3 Payment From:**

UWS Innovation & Consulting Cost Centre/Project Code:

**4 Payment To:**

Family Name

Given Name

Staff ID

School/Centre

Phone

Email

**Signed**

Project Manager

**Approved**

Authorised Delegated Officer

Date:

Date: