



VCU Procurement Services

Payment Schedule

Post-Doctoral Fellow/Trainee (9)

Pre Doc / Graduate Assistant

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
Name _____					
Mailing Address _____					
TOTAL AWARD \$				(7)	
GRANT PERIOD:				(8)	

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)

Address: _____
(Please Type)

Date: _____

Signature: _____
of Post-Doctoral Trainee
