



University of Oklahoma Health Sciences Center
Scholarship Payment Form

This form should be accompanied by the Scholarship vs. Wages Designation Form and entered as a voucher through Accounts Payable. Note that scholarship payments to students will be reported as part of their financial aid package.

Payee Information	
Last Name	
First Name	
Student ID, if applicable	
Supplier ID	
Address	
City, State and Zip Code	

Scholarship Information	
Program Title	
College/Department	
Full Amount of Scholarship	
Date Range of Scholarship/Travel Objective	

Payment Information	
Date (Month/Year)	Amount

Scholarship Recipient Name	Scholarship Recipient Signature	Date Signed
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Voucher Information:

GL Codes:
 551000 = Payments of scholarships to students for educational purposes. F&A exempt.
 553000 = Payments of scholarships to students for educational purposes. F&A liable.
 552000 = Payments of scholarships to non-OUHSC students or non-OUHSC employees. This code cannot be used for anyone with a 90 Supplier ID.

Supplier IDs:
 IDs beginning with 90 = OUHSC employees or those receiving special payments.
 IDs beginning with 91 = Non-OUHSC employees.

Invoice Date:
 One-time or travel payments = Last day of travel. Example: 08/23/19
 Semester payments = First day of semester month. Example: 08/01/19
 Multiple payments = First day of payment month. Example: 08/01/19

Invoice Number:
 One-time or travel payments = Last Name/Last Date of Travel. Example: SMITHAUG2319
 Semester payments =Last Name/Semester/Year. Example: SMITHFALL19
 Multiple payments =Last Name/Month/Year. Example: SMITHAUG19