

UCLA GRADUATE DIVISION FELLOWSHIP AWARD TRANSMITTAL

UID **XXXXXXXXXX** NAME (Last, First, MI) **Trainee, Mike, B.** Email: mbtrainee@mednet.ucla.edu

Payee Code **D = Postdoctoral Scholar** Citizenship **US** Visa _____

PI Name & Sponsor Award Number

AWARD 1

ACCOUNT INFORMATION	Account - CC - Fund	Award Type	Fund Name	Authorizing Agency	Award Eligibility	Account ID					
	7 8xxx - xx - xxxxx	S = Stipend	PI - T32 AI55555-01	FG = Federal Gov.	M = Merit						
DISBURSEMENT INFORMATION	New / Revised	Fiscal Year	Total Award Amount	COMMENTS							
	N = New	2013-14	\$54,180.00	Jul'13-Jun'14 Stipend (2012 NIH level 7 - \$54,180)							
QUARTERLY PAYMENTS		Fall Quarter	Winter Quarter	Spring Quarter							
MONTHLY PAYMENTS											
July	August	September	October	November	December	January	February	March	April	May	June
\$ 4,515.00	\$ 4,515.00	\$ 4,515.00	\$ 4,515.00	\$ 4,515.00	\$ 4,515.00	\$ 4,515.00	\$ 4,515.00	\$ 4,515.00	\$ 4,515.00	\$ 4,515.00	\$ 4,515.00

Period of Stipend (basis of rate applied)

AWARD 2

ACCOUNT INFORMATION	Account - CC - Fund	Award Type	Fund Name	Authorizing Agency	Award Eligibility	Account ID					
	7 _____ - _____ - _____										
DISBURSEMENT INFORMATION	New / Revised	Fiscal Year	Total Award Amount	COMMENTS							
		2013-14	\$0.00								
QUARTERLY PAYMENTS		Fall Quarter	Winter Quarter	Spring Quarter							
MONTHLY PAYMENTS											
July	August	September	October	November	December	January	February	March	April	May	June
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Form Completed by **Fund Manager Name** Date **1/31/14** Phone **55555** Email **FM@mednet.ucla.edu**

Department **Medicine - Division** Department FS Code **5555**

Name of Graduate Advisor, P.I., Chair or Dean **PI Smith, MD**

Can be Electronic Signature


 Signature of Graduate Advisor, P.I., Chair or Dean _____ Date _____

Please print, obtain departmental signature, and mail or deliver completed form to:
 Graduate Fellowships & Financial Services, 1228 Murphy Hall, Mailcode 144401. Graduate Division Use Only

 Graduate Division Signature _____ Date _____