# EXPIRY OF SCHOLARSHIP HOLDER'S LIVING ALLOWANCE CLAIM

**Higher Degree Research Unit / Undergraduate Studies / Macquarie International to complete:**

This form must be submitted **prior to payroll end date** for period in which term expires.

Faculty/Office: _____     Student Number: _____

Family Name: _____     Other Names: _____

☐ Living allowance payment (stipend) will stop on:              ____ / ____ / _____
  due to termination of Scholarship/departure date of student.

☐ Living allowance payment (stipend) for the above student
  will be suspended until further notice, commencing:          ____ / ____ / _____

**N.B.  Recovery of overpayment due to the late receipt of this form will be the responsibility of the respective Faculty/Office.**

**Please refer to the Stipend Overpayment and Recovery Policy for further information and Form 29.13b to calculate any overpayment.**

**HR USE ONLY:**

HRIS entered: _____ (inits) ____ / ____ / _____     Checked: _____ (inits) ____ / ____ / _____