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| --- | --- | --- | --- |
| MA1 PAYMENT AMENDMENT FORM | | | |
| * DO NOT use this form to request changes which will increase an award amount * If you wish to increase an award, please send a new MA1 Form for the ADDITIONAL amount only to ma1@leeds.ac.uk | | | |
|  | | | |
| THE ORIGINAL PAYMENT REQUEST STATED | | | |
| The below fields marked \* are mandatory. If these are not completed, the form will be returned and not processed. | | | |
| Student Name & ID: \* (Only one student per form) | |  | |
| \*Total Payment amount | **£** | **\*Cost Object Number** |  |
| \*Start Date |  | **\*End Date** |  |
|  | | | |
| PLEASE AMEND THIS TO | | | |
| \*Total Payment amount | **£** | **\*Cost Object Number** |  |
| \*Start Date |  | **\*End Date** |  |
| *PLEASE NOTE:- Any forms that are received before 4pm on Thursday will be actioned in time for the following week’s payment run* | | | |
| Please give details below, being as specific as possible, including why the change is being requested, and what the intended result is:- | | | |
|  | | | |
| \*Requested By |  | **\*Requested Date** |  |
| \*Name of the Authorised Signatory who has agreed this amendment request *(this person needs to be cc’d into the email)* | |  | |

*Please send the completed form to:* **ma1@leeds.ac.uk**