



**2009
Undergraduate Summer Research Fellowship
Payment Voucher**

- This certifies that _____ has completed 5 weeks of research in the APS Undergraduate Summer Research Fellowship program for the weeks listed below: **(NOTE: do not send in before the 5 weeks is over)**

Beginning Date	Ending Date	Total Payment for 5 weeks:
		\$2,000.00

- The student did NOT complete 5 full weeks of research. This certifies that _____ has completed research in APS Undergraduate Summer Research Fellowship program for the number of weeks listed below.

Beginning Date	Ending Date	Total Number of Weeks Worked (e.g., 3 weeks and 2 days = 3.4 weeks)

Student (Signature)

Date: _____

Host (Signature)

Date: _____

Education Office:

Approved By: _____
Marsha Lakes Matyas, Ph.D.

Date: _____

Account Title: UGSRF

Account Number: 6833-2R0EAP

Please fax voucher to 301-634-7098

Mark cover sheet as UGSRF Payment Voucher, Education Office, APS