

EASTERN MICHIGAN UNIVERSITY
STUDENT BUSINESS SERVICES
REQUEST FOR CHANGES TO AR (Accounts Receivable)

Originating Department _____ Telephone Number _____ Fund # _____
 Contact Person _____ Room & Bldg. _____ Org # _____
 Authorized By _____ Date _____ Program # _____
 Account # _____
 Signature _____ Refundable to student ? Y / N

Student #	Last Name	First Name	Term	\$ Amount
<i>Detailed Description if needed (If you are requesting charges be added to a students account, please note that here and be mindful of the financial aid payment dates.)</i>				
PAGE TOTAL				\$

*****Please Deliver To: Kerri Cebina, 203 Pierce Hall*****
Attach additional documents if necessary.