

Request for Student Charges & Payments

Department: _____ Date: _____

Contact Person: _____ Phone Number: _____

Authorization Signature: _____

Check One: Account Charge(s) Account Payment(s) Award(s)

Fund #: _____ **Org. #:** _____ **Prog. #:** _____ **Acct. #:** _____ **Loc. #:** _____
 If requesting payment, is the payment refundable to the student? Yes No

| Student Number | Last Name | First Name | Term | \$ Amount |
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Grand Total: \$
 Attach an Excel spreadsheet with total (if needed).

Explanation of Award: _____

Detailed Description (if needed): _____

Attach additional documents if necessary.

Deliver to: Accounting (busfin_generalaccounting@emich.edu/212 Hover Building)
 → May be emailed from Contact Person only with authorized signature present or from Authorized Person without signature.
 → For awards, attach award letter.
Sent to Kerri Cebina after FOAP verification.
 → Please allow 3-5 business days for processing (requesting resource).
Definitions: Payment - reward/recognition. Charge - fees assessed. Award - gift.

STUDENT BUSINESS SERVICES • 201 PIERCE HALL • YPSILANTI, MI 48197 • P: 734.487.3333 • F: 734.487.0447

For SBS Office Use Only: Initials & Date _____

Detail Code _____ OFA Resource Added Accounting FOAP Verified