

# 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. #:** \_\_\_\_\_

If requesting payment, is the payment refundable to the student?    Yes    No

Student Number	Last Name	First Name	Term	\$ Amount

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