## **Request for Student Charges & Awards**

Date:		
Date:		

Depai	rtment:	Con	tact Person:	Ph	one Number:		
Signatory Authority: (Print)			Signature:				
Provo	ost / CFO:						
	Check One: Account Charge(s) Award/Scholarship						
Do not use this form to pay for services. Submit an Additional Compensation Request form available at http://www.emich.edu/hr/compensation/documents/additional_compensation_request_form.pdf							
Fund #:Org. #:Account. #:7020Prog. #:					Prog. #:		
Activity #:Location #:							
If authorizing an award, is the award refundable to the student? Yes No							
ĺ	Student Number	Last Name	First Name	Term	\$ Amount		
					<u> </u>		
		Grand Total:					
Attach an Excel spreadsheet with total (if needed).							
Explanation of Award:							
Detailed Description:							
Attach additional documents if necessary.  1. Academic Affairs, Student Affairs and Enrollment Management, submit to the Office of the							
Provost. All others submit to the CFO for review.							
2. Deliver to: Accounting (busfin_generalaccounting@emich.edu/212 Hover Building)							
Form may be emailed from Contact Person only with authorized signature present or from Authorized Person without signature. For awards, attach award letter.							
3	Accounting will for		•				
Please allow 3-5 business days for processing.							
STUDENT BUSINESS SERVICES ● 201 PIERCE HALL ● YPSILANTI, MI 48197 ● P: 734.487.2159 ● F: 734.487.0447							
For SBS Office Use Only: Initials & Date							
Γ	Detail Code	OFA	Resource Added	Accounting	ng FOAP Verified		