

Student Charges, Awards & Payments Form Date: _____

Department: _____ Contact Person: _____ Phone Number: _____

Signatory Authority: _____ Signature: _____
(Print)

Provost / CFO: _____

Check One: Account Charge(s) Award/Scholarship

Fund #: _____ **Org. #:** _____ **Account. #:** 7020 **Prog. #:** _____
Activity #: _____ **Location #:** _____
 If authorizing an award, is the award refundable to the student? Yes No

Student Number	Last Name	First Name	Term	\$ Amount

Attach an Excel spreadsheet with total (if needed). Grand Total: \$

Explanation of Award: _____

Detailed Description: _____

Attach additional documents if necessary.

Definitions: Award - Scholarship/award. Charge - Bill to student account

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: **Student Business Services (203 Pierce Hall—ebill.emich.edu)**
 Form may be emailed from Contact Person only with authorized signature present or from Authorized Person without signature. For awards, attach award letter.
 Please allow 3-5 business days for processing.

Do not use this form to pay for services. Submit an Additional Compensation Request form available at <https://www.emich.edu/hr/working/employment/forms.php>

STUDENT BUSINESS SERVICES • 203 PIERCE HALL • YPSILANTI, MI 48197 • P: 734.487.2159 • F: 734.487.6838

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For SBS Office Use Only: Initials & Date _____

Detail Code _____ OFA Resource Added Accounting FOAP Verified