

Request for Student Charges & Awards

Date: _____

Department: _____ Contact Person: _____ Phone Number: _____

Signatory Authority: _____ Signature: _____
(Print)

Provost / 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. #:** 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

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 forward to Kerri Cebina after FOAPAL verification.
 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 _____

Detail Code _____

OFA Resource Added

Accounting FOAP Verified