

## 2018-2019 UNDERGRADUATE STUDENT RESOURCE DISBURSEMENT FORM

Submit by May 1st to ensure processing by Fiscal Close

Submit by August 15th to ensure processing by Fall fee payment deadline

Student Name & Perm Number <i>Student Name (Last, First, M.)</i>	Resource Title <i>(e.g. ABC Award, NSF REU, etc.)</i>	Acct & Ledger Info <i>Account/Fund/Sub &amp; Object Code</i> <input type="checkbox"/> New Account Request <input type="checkbox"/> Restricted Fund <input type="checkbox"/> Unrestricted Fund	2018-19 Quarterly Award Amount(s) <i>Please indicate <u>whole</u> dollar amounts.</i>	Office Use Only
			F18    W19    S19    M19	
Perm _____ <input type="checkbox"/> Registered _____ units <input type="checkbox"/> Not Registered  Name _____		_____/_____/_____ Account    Fund    Sub Object Code: _____	Current Distribution: \$ _____ \$ _____ \$ _____ \$ _____ Quarter Total:     \$ _____ \$ _____ \$ _____ \$ _____	
Perm _____ <input type="checkbox"/> Registered _____ units <input type="checkbox"/> Not Registered  Name _____		_____/_____/_____ Account    Fund    Sub Object Code: _____	Current Distribution: \$ _____ \$ _____ \$ _____ \$ _____ Quarter Total:     \$ _____ \$ _____ \$ _____ \$ _____	
Perm _____ <input type="checkbox"/> Registered _____ units <input type="checkbox"/> Not Registered  Name _____		_____/_____/_____ Account    Fund    Sub Object Code: _____	Current Distribution: \$ _____ \$ _____ \$ _____ \$ _____ Quarter Total:     \$ _____ \$ _____ \$ _____ \$ _____	
Perm _____ <input type="checkbox"/> Registered _____ units <input type="checkbox"/> Not Registered  Name _____		_____/_____/_____ Account    Fund    Sub Object Code: _____	Current Distribution: \$ _____ \$ _____ \$ _____ \$ _____ Quarter Total:     \$ _____ \$ _____ \$ _____ \$ _____	
Perm _____ <input type="checkbox"/> Registered _____ units <input type="checkbox"/> Not Registered  Name _____		_____/_____/_____ Account    Fund    Sub Object Code: _____	Current Distribution: \$ _____ \$ _____ \$ _____ \$ _____ Quarter Total:     \$ _____ \$ _____ \$ _____ \$ _____	

Comment:

\*By my signature here I have verified the registration status, academic standing, and qualifications of the student(s) listed above and I authorize the Office of Financial Aid and Scholarships to disburse the indicated funds.

Prepared By: \_\_\_\_\_ Ext. \_\_\_\_\_ Authorized by\*: \_\_\_\_\_ Signature \_\_\_\_\_ Department \_\_\_\_\_ Ext. \_\_\_\_\_ Date \_\_\_\_\_

OFFICE OF FINANCIAL AID AND SCHOLARSHIPS USE ONLY			
Fund Code:	Class Code:	Processed by:	Date: